



COUNTY COUNCIL OF NORTHUMBERLAND.

---

# ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH,  
WM. F. J. WHITLEY, M.D., D.P.H., F.R.S.E.,

for the Year 1936.

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NEWCASTLE UPON TYNE :

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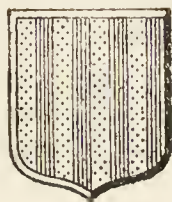
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## NORTHUMBERLAND COUNTY COUNCIL.

### REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR ENDED 31st DECEMBER, 1936.

TO THE CHAIRMAN AND MEMBERS OF THE COUNTY COUNCIL  
OF NORTHUMBERLAND.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I beg to present my annual report for the year 1936. The report has been drawn up on the lines indicated by the Minister of Health in his Circular No. 1492 relating to the contents and arrangements of the annual reports of medical officers of health for the year 1936.

*Vital and Mortality Statistics.*—The vital and mortality statistics of the various county districts have been calculated and are included in the report. The variations in the principal county rates during recent years are indicated in the following table. The corresponding rates for England and Wales are given for comparison :—

	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Birth rate (per 1,000 living)										
Administrative county ...	17.90	18.37	16.79	17.13	16.66	15.94	15.42	15.48	15.53	15.26
England and Wales ...	16.6	16.7	16.3	16.3	15.8	15.3	14.4	14.8	14.7	14.8
Infant mortality rate (per 1,000 living)										
Administrative county	11.53	11.39	12.22	11.02	12.24	11.33	11.93	11.78	11.62	12.02
England and Wales ...	12.3	11.7	13.4	11.4	12.3	12.0	12.3	11.8	11.7	12.1
Infant mortality rate (per 1,000 births)										
Administrative county	77	67	81	62	77	67	71	69	71	70
England and Wales ...	70	65	74	60	66	65	64	59	57	59
Infant mortality rate (per 1,000 living)										
Administrative county	0.27	0.28	0.65	0.23	0.41	0.25	0.31	0.43	0.32	0.30
England and Wales ...	0.38	0.40	0.47	0.37	0.32	0.33	0.29	0.34	0.24	0.30
Birth rate from Respiratory Tuberculosis (per 1,000 living)										
Administrative county	0.81	0.68	0.74	0.78	0.75	0.68	0.65	0.60	0.53	0.55
England and Wales ...	0.79	0.76	0.79	0.74	0.74	0.69	0.69	0.63	0.60	0.58

The birth rate was slightly lower, and each of the mortality rates slightly higher (with the exception of the infant mortality rate which showed a decrease) than the corresponding rates recorded for the preceding year. The birth rate (15.26 per 1,000 of the population) is the lowest recorded for the County since the compilation of county statistics was commenced.

*Annual Reports of District Medical Officers.*

The following table shows the dates upon which the various reports were received :—

1937.

<i>March</i>	16th, River Blyth Port Sanitary Authority.
<i>June</i>	3rd, Norham and Islandshires R.D. ; 12th, Alnwick U.D., Castle Ward R.D. ; 15th, River Tyne Port Sanitary Authority ; 17th, Rothbury R.D. ; 21st, Gosforth U.D. ; 22nd, Hexham R.D. ; 24th, Newbiggin-by-the-Sea U.D. ; 26th, Hexham U.D. ; 29th, Morpeth Borough ; 30th, Alnwick R.D.
<i>July</i>	9th, Longbenton U.D. ; 10th, Bedlingtonshire U.D. ; 12th, Glendale R.D. ; 21st, Ashington U.D. ; 30th, Wallsend Borough ; 31st, Seaton Valley U.D., Whitley and Monkseaton U.D.
<i>August</i>	3rd, Morpeth R.D. ; 13th, Belford R.D., Bellingham R.D.
<i>September</i>	8th, Prudhoe U.D. ; 30th, Haltwhistle R.D.
<i>October</i>	12th, Newburn U.D.

The reports for the Berwick Borough, Blyth Borough, and Amble Urban District had not been received up to the time of going to press—October 30th, 1937.

*Administration.*

The official, technical and administrative staff under the direction of the County Medical Officer consists of :—

Senior Assistant County Medical Officer and Tuberculosis Officer ...	Wm. L. M. Gabriel, M.B., CH.B., B.HY., D.P.H.
Assistant County Medical Officer and School Oculist ... ..	George A. Jamieson, M.B., B.S., D.O.M.S., D.L.O.
Assistant County Medical Officer and Infant Welfare Centre M.O. ...	O'Connell O'Sullivan, M.C., M.B., CH.B., B.A.O.
Do. do. ...	Mary W. Dewell, M.B., B.S.
Do. do. ...	Anna M. Reid, M.B., CH.B., D.P.H.
Assistant County Medical Officer ...	*John A. Smail, M.B., CH.B.
Do. ...	*Grahame Patton, L.R.C.P. & S.I., D.P.H.
County Bacteriologist ... ..	Andrew I. Messer, M.A., M.B., CH.B., D.P.H.
County Tuberculosis Officer (Clinical)	Francis L. Moore, M.B., CH.B.
The Medical Superintendent of the Council's Sanatorium at Wooley, and Tuberculosis Officer ... ..	Robert Cunningham, M.B., CH.B., D.P.H.

Assistant Medical Superintendent of the Council's Sanatorium at Wooley ... ..	Evelyn Holmes, M.B. CH.B.
Thoracic Surgeon ... ..	*Geo. Alex. Mason, M.B., B.S., F.R.C.S.
Orthopaedic Surgeon ... ..	*William Mackenzie, F.R.C.S.E.
Ophthalmic Surgeon ... ..	*Alexander Macrae, M.B., CH.B., D.O.M.S.
School Dentist ... ..	Catherine M. Anderson, L.D.S.
Do. ... ..	Frederick J. Gilbertson, L.D.S.
Do. ... ..	Thomas A. Ireland, L.D.S.
Do. ... ..	Wm. J. Irvine, L.D.S.
Do. ... ..	A. J. McKillop, L.D.S.
Do. ... ..	Arnold E. Robinson, L.D.S.
County Health Inspectors ... ..	Chas. Ward, C.R.S. Inst., Cert. M. & F., M.S.I.A. James Atkinson, C.R.S. Inst., M.S.I.A.
Chief Clerk ... ..	E. T. I'Anson.
County Analysts ... ..	*Dr. J. T. Dunn, D.Sc., and *H. C. L. Bloxam, F.I.C.
Chief Veterinary Inspector ... ..	G. F. Pickering, M.R.C.V.S., D.V.S.M.
Matron of the Council's Sanatorium at Wooley ... ..	Catherine Connor, S.R.N.
Superintendent Health Visitor ... ..	Hannah Weir, S.R.N., S.C.M., H.V. Cert., R.S.I., S.I., Cert. R.S.I., Maternity and Child Welfare Cert.

\* Part-time.

*Health Visitors, School Nurses, Tuberculosis Nurses and Dental Nurses.*

Ruth Atkinson, T.N., S.C.M.  
 Bertha Barker, T.N., S.O.M.  
 Nellie Hamilton Bird, S.I.C.  
 Lucy Esmeé Brewis, T.N., S.C.M., H.V. Cert.  
 Elsie Broadbent, T.N., S.O.M., H.V. Cert.  
 Louise Brown, T.N., S.C.M., H.V. Cert.  
 Henrietta Chester, T.N., S.C.M., S.I.C.  
 Mary Wilberforce Crofton, T.N., S.C.M., H.V. Cert.  
 Elsie May Dodds, T.N., S.C.M.  
 Elizabeth Stafford Edminson, T.N., S.C.M., H.V. Cert.  
 Martha Gibson, T.N., S.C.M.  
 Mary Gill, T.N., S.C.M., H.V. Cert.  
 Beatrice Mary Goodban, T.N., S.C.M.  
 Ellen Grehan, T.N., S.C.M.  
 Alice Gwendoline Isabel Harper, T.N., S.O.M., H.V. Cert.  
 Gertrude Harrison, T.N., S.C.M., H.V. Cert.  
 Gertrude Priscilla Ironside, T.N., S.C.M., H.V. Cert.  
 Frances Mary Jones, T.N., S.C.M., H.V. Cert.  
 Ada Kay, T.N., S.C.M.  
 Dorothy Gilbert Long, T.N., S.C.M., H.V. Cert.  
 Doris Stewart McConville, T.N., S.C.M., H.V. Cert.



*Health Visitors, School Nurses, Tuberculosis Nurses and Dental Nurses*  
—contd.

Annie McDermott, T.N., S.C.M.  
 Anabella McLeod, T.N., S.C.M.  
 May Makin, T.N., S.C.M.  
 Catherine Rees, T.N., S.C.M., H.V. Cert.  
 Edith Elizabeth Rimer, T.N., S.C.M., H.V. Cert.  
 Buddug Roberts, T.N.  
 Ena Rowland, T.N., S.C.M., H.V. Cert.  
 Edna Godfrey Thomson, T.N., S.C.M., H.V. Cert.  
 Frances Turnbull, T.N., S.C.M.  
 Alice Walkden, T.N., S.C.M., H.V. Cert.  
 Emma Weston, T.N., S.C.M., H.V. Cert.  
 Eva Wolfenden, T.N., S.C.M., H.V. Cert.

*Tuberculosis Nurse (only)—*

Ida Emilie Bodin, T.N., S.C.M., H.V. Cert.

T.N.—General Trained Nurses.

S.C.M.—Certificate of Central Midwives' Board.

H.V. Cert.—Health Visitor Certificate of the Royal Sanitary Institute.

S.I.C.—Sanitary Inspector's Certificate of the Royal Sanitary Institute.

*Orthopaedic Sisters—*

Hilda Arthur, C.S.S.M.G.  
 Alice M. Rogers, C.S.S.M.G.

*Blind Persons Act.*

*Supervisor of Blind Welfare—*

Hilda A. Rimer.

*Home Teachers—*

Mary Davison Taws.  
 Dorothy L. Shannon.  
 Ruth Robinson.

There was also during 1936, a clerical staff at the Central Office of 12 (including one laboratory assistant and one clerk at the County Laboratory at Newburn).

In addition to the staff specified above, there were employed at Wooley Sanatorium :—

1 Clerk-Steward	4 Gardeners
1 Engineer	1 Porter
2 Enginemen	

*Nursing Staff :*

1 Home Sister	7 Staff Nurses
1 Night Sister	12 Probationers.
3 Ward Sisters	

*Domestic Staff :*

1 Cook	1 Nurses' Maid
1 Laundress	2 House Maids
3 Laundry Maids	2 Patients' Dining Hall Maids
2 Sewing Maids	5 Ward Maids
1 Staff and Store Maid	4 Kitchen Maids
1 Matron's Maid	2 Scullery Maids

## ADDITIONAL OFFICERS.

MEDICAL OFFICERS OF INFANT WELFARE CENTRES AND  
ANTE-NATAL CLINICS.*(a) Infant Welfare Centres.*

Centre.	Medical Officer.
Alnwick ...	*Anna M. Reid, M.B., CH.B., D.P.H.
Amble ...	*O'Connell O'Sullivan, M.C., M.B., B.CH., B.A.O.
Backworth ...	...Glen Davison, M.D., B.S.
Belford ...	...D. T. McDonald, M.B., CH.B.
Berwick ...	...P. W. MacLagan, M.D., CH.B.
Corbridge ...	...J. N. Turnbull, M.B., CH.B., F.R.C.S. Ed.
Cramlington ...	†T. G. Quinn, M.B., CH.B.
Dinnington Colliery	...Evelyn H. Bolt, M.B., B.S.
Haltwhistle ...	†Jane H. Thompson, M.A., M.B., CH.B.
Haydon Bridge	...H. N. Miller, M.B., CH.B., M.R.C.S.
Lynemouth ...	...T. Skene, B.M., CH.B., L.R.C.P.
Monkseaton West	...Jane H. Thompson, M.A., M.B., CH.B.
Morpeth ...	...Hugh Dickie, M.B., CH.B.
Newbiggin ...	...J. Angus, M.B., CH.B.
North Seaton ...	...J. Angus, M.B., CH.B.
Pegswood ...	...Hugh Dickie, M.B., CH.B.
Ponteland ...	...Evelyn H. Bolt, M.B., B.S.
Prudhoe ...	*Mary W. Dewell, M.B., B.S.
Red Row ...	...W. G. Scott, L.R.C.P., L.R.C.S., L.R.F.P.S.
Rothbury ...	...Evelyn H. Bolt, M.B., B.S.
Seaton Delaval	...A. G. Ogilvie, M.B., B.S., M.R.C.P.
Seghill ...	...P. Henderson, M.D., L.R.C.P., L.R.C.S.
Shiremoor ...	†Jane H. Thompson, M.A., M.B., CH.B.
Stocksfield ...	...A. G. Ogilvie, M.B., B.S., M.R.C.P.
Whitley Bay ...	†Jane H. Thompson, M.A., M.B., CH.B.
Wooler ...	...A. N. Bousfield, M.B., B.S.

\* Also included under "Administration" page 6.

† Also M.O. of Ante-Natal Clinic at this Centre.

*(b) Ante-Natal Clinics.*

Clinic.	Medical Officer.
Cramlington ...	...(See under Infant Welfare Centres, above).
Haltwhistle ...	...(See under Infant Welfare Centres, above).
Lynemouth ...	... Do. do.
Newbiggin ...	... Do. do.
Prudhoe ...	{ G. McCoull, M.B., B.S., L.R.C.P., L.R.C.S. { H. A. Lockhart, M.B., B.S.
Shiremoor ...	...(See under Infant Welfare Centres, above).
Stocksfield ...	...H. A. Lockhart, M.B., B.S.
Whitley Bay ...	...(See under Infant Welfare Centres, above).

OBSTETRIC CONSULTANTS UNDER MIDWIVES AND MATERNITY AND CHILD  
WELFARE ACTS.

Robert P. Ranken Lyle, M.D., B.A.O., L.R.C.P.I.

Ernest Farquhar Murray, M.D., F.R.C.S.

Henry Harvey Evers, M.S., F.R.C.S.

Francis E. Stabler, M.D., F.R.C.S.

William Hunter, M.B., B.S.



## DISTRICT MEDICAL OFFICERS UNDER POOR LAW ACTS.

Guardians' Committee.	District.	County Area.	Medical Officer.
North No. 2	Alnwick ...	...Alnwick U.D.	*J. A. MacLeod, M.B., CH.B., D.P.H.
	Embleton ...	...Alnwick R.D.	...W. Hall, M.B., B.S.
	Felton... ...	... Do.	...R. A. Welsh, M.B., B.S.
	Glanton ...	... Do.	...B. W. E. Trevor-Roper, M.R.C.S., L.R.C.P., M.B., CH.B.
	Lesbury ...	... Do.	...A. Scott Purves, M.D.
	Shilbottle ...	... Do.	...B. W. E. Trevor-Roper, M.R.C.S., L.R.C.P., M.B., CH.B.
	Warkworth ...	...Amble U.D. Alnwick R.D.	...L. V. McNabb, M.B., B.S.
North No. 1	West ...	...Belford R.D.	...J. McDonald, M.D.
	East ...	... Do.	...F. B. Macaskie, L.R.C.P., L.R.C.S., L.R.F.P.S.
West ...	...Bellingham No. 1	...Bellingham R.D.	...M. K. Dunlop, M.B., CH.B.
	Do. No. 2	... Do.	... Do.
	Do. No. 3	... Do.	...G. W. L. Kirk, M.B., CH.B.
	Do. No. 4	... Do.	... Do.
	Do. No. 5	... Do.	...Wm. Murdie, M.B., CH.B.
	Do. No. 6	... Do.	...R. J. Carr, M.B., B.S.
North No. 1	Berwick ...	...Berwick Borough	*W. R. Sprunt, M.B., CH.B.
	Norhamshire ...	...Norham & Island- shires R.D.	...H. F. Park, M.B., CH.B.
	Islandshire ...	... Do.	...John Elliott, L.R.C.P., L.R.C.S., L.R.F.P.S.
South...	...Gosforth ...	...Gosforth U.D.	...H. L. Taylor, M.B., CH.B.
West ...	...Lemington ...	...Newburn U.D. (part of)	...H. C. Coxon, M.D.
	Newburn ...	... Do.	...G. B. Picton, M.B., B.S.
Central	...Ponteland ...	...Castle Ward R.D. (part of)	*Willmot Holmes, M.R.C.S., L.R.C.P.
	Stamfordham...	... Do.	...R. J. Carr, M.B., B.S.
	Stannington ...	... Do.	...R. H. Newman, L.R.C.P.I. & L.M., L.R.C.S.I.
North No. 1	Carham ...	...Glendale R.D.	...F. Henderson, M.D.
	Chatton ...	... Do.	...A. N. Bousfield, M.B., B.S.
	Ford ...	... Do.	...V. E. Badeock (M.C.), M.D.
	Glendale Southern	... Do.	...B. W. E. Trevor-Roper, M.R.C.S., L.R.C.P., M.B., CH.B.
	Lowick ...	... Do.	...John Elliott, L.R.C.P., L.R.C.S., L.R.F.P.S.
	Wooler ...	... Do.	...A. N. Bousfield, M.B., B.S.
West ...	...Haltwhistle Eastern	...Haltwhistle R.D.	R. D. Burn, M.B., B.S.
	Do. Western...	Do.	...J. M. Glasse, M.B., CH.B.
	Do. Southern	Do.	...W. S. Dalgetty, M.B., CH.B.
	Whitfield ...	... Do.	...H. C. Bourke, M.B., B.CH., B.A.O., B.A.
	Hexham ...	...Hexham U.D. Hexham R.D.	*W. M. Stewart, M.B., CH.B.

\* Also acts as Medical Officer for the Poor Law Institution.

Guardians' Committee.	District.	County Area.	Medical Officer.
West— <i>contd.</i>	Slaley ...	...Hexham R.D.	...W. M. Stewart, M.B., CH.B.
	Shotley ...	...Do.	...J. Murray, M.B., CH.B., B.A.O., R.U.I.
	Blanchland ...	...Do.	...K. M. MacDonald, M.B., CH.B.
	Humshaugh ...	...Do.	...Monica F. Bell, M.B., B.S.
	Haydon ...	...Do.	...H. D. N. Miller, M.B., CH.B., M.R.C.S., L.R.C.P., B.A.
	Allendale ...	...Do.	...H. C. Bourke, M.B., B.CH., B.A.O., B.A.
	Wylam ...	...Prudhoe U.D. Hexham R.D.	G. McCoull, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S.
	Ovingham ...	...Prudhoe U.D. Hexham R.D.	Do. Do.
	Corbridge ...	...Do.	...D. N. Jackson (M.B.E.), M.B., B.S.
	Allenheads ...	...Do.	...H. C. Bourke, M.B., B.CH., B.A.O., B.A.
	Ninebanks ...	...Do.	...Do.
Central	...Morpeth No. 1	...Morpeth Borough	*Hugh Dickie, M.B., CH.B.
	Do. No. 2	...Morpeth R.D.	...R. L. Dagger, M.D., M.R.C.S., L.R.C.P.
	Do. No. 2A	...Ashington U.D. Morpeth R.D.	...G. R. Spence, M.B., CH.B.
	Do. No. 3	...Bedlington U.D. Morpeth R.D.	W. Hudson, M.D., B.HY., D.P.H.
	Do. No. 4	...Morpeth R.D.	...R. A. Welsh, M.B., B.S.
	Do. No. 5	...Do.	...R. L. Dagger, M.D., M.R.C.S., L.R.C.P.
	Do. No. 6	...Ashington U.D. (Hirst Ward)	...G. R. Spence, M.B., CH.B.
	Do. No. 6A	...Newbiggin U.D. Morpeth R.D.	...H. S. Brown, M.D., L.M.S.A. Do.
	Do. No. 7	...Do.	...Dr. Dickie acts when required.
North	No. 2 Rothbury East	...Rothbury R.D.	...A. S. Hedley, M.B., B.S.
	Rothbury West	...Do.	...J. A. Smail, M.B., CH.B.
	Rothley ...	...Do.	...A. S. Hedley, M.B., B.S.
	Harbottle ...	...Do.	...G. H. Bedford, L.M.S.S.A.
	Elsdon... ...	...Do.	...Do.
	Whittingham...	...Do.	...A. Patterson, M.B.
	...Blyth ...	...Blyth Borough	...T. Gallacher, L.R.C.P., L.R.C.S., L.R.F.P.S.
South...	...Whitley ...	...Whitley & Monk- seaton U.D.	H. L. Pearson, M.B., CH.B.
	Seaton Delaval (Excluding the Old Parish of Hartley).	...Seaton Valley U.D.	E. M. Hall, M.B., B.S.
	Seghill... ...	...Do.	...P. Henderson, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S.
	Cramlington ...	...Do.	...T. G. Quinn, M.B., CH.B.
	Earsdon ...	...Do.	...R. J. E. Christie, M.B., CH.B., B.A.O.
	(Including the Old Parish of Hartley).		
	North Longbenton	...Longbenton U.D.	...S. Fullerton, M.B., CH.B., B.S.A.
	Weetslade ...	...Do.	...T. Craig, M.B., CH.B.
	Wallsend ...	...Wallsend Borough (Part of)	H. H. Aitchison, M.B., L.R.C.P., L.R.C.S.
	Willington Quay ...	...Do.	...L. Craig, L.R.C.P., L.R.C.S., L.R.F.P.S.

\* Also acts as Medical Officer for the Poor Law Institution.

## PUBLIC VACCINATORS.

- |  |  |
|--|--|
| H. H. Aitchison, M.B. (Ed.),<br>L.R.C.P., L.R.C.S.                           | W. Hudson, M.D., B.I.V., D.P.H.  |
| V. E. Badcock (M.C.), M.D. (Durh.).  | D. N. Jackson (M.B.E.), M.B., B.S.<br>(Durh.).                                       |
| G. H. Bedford, L.M.S.S.A. (Lond.).   | H. R. Kendal, M.B. (Durh.).  |
| M. F. Bell, M.B., B.S. (Durh.).  | G. W. L. Kirk, M.B., CH.B. (Leeds).  |
| H. C. Bourke, M.B., B.CH., B.A.O.,<br>B.A.                                   | F. B. Macaskie, L.R.C.P., L.R.C.S.<br>(Ed.), L.R.F.P.S. (Glas.).                     |
| A. N. Bousfield, M.B., B.S.  | G. McCoull, M.B., B.S. (Durh.),<br>L.R.C.P., L.R.C.S. (Ed.),<br>L.R.F.P.S. (Glas.).  |
| H. S. Brown, M.D. (Durh.), L.M.S.S.A.<br>(Lond.).                            | J. McDonald, M.D. (Ed.).   |
| R. D. Burn, M.B., B.S.   | K. M. MacDonald, M.B., CH.B. (Glas.).  |
| R. J. Carr, M.B., B.S.   | *J. A. McLeod, M.B., CH.B. (Ed.),<br>D.P.H. (Ed. and Glas.).                         |
| *P. W. MacLagan (M.C.), M.D. (Ed.).  | L. V. McNabb, M.B., B.S. (Durh.).  |
| R. J. E. Christie, M.B., CH.B.,<br>B.A.O. (Belf.).                           | H. D. N. Miller, M.B., CH.B., M.R.C.S.<br>(Eng.), L.R.C.P. (Lond.), B.A.             |
| H. C. Coxon, M.D. (Durh.).   | W. Murdie, M.B., CH.B. (Ed.), M.A.   |
| L. Craig, L.R.C.P., L.R.C.S. (Ed.),<br>L.R.F.P.S. (Glas.).                   | J. Murray, M.B., CH.B., B.A.O.,<br>R.U.I. (Cath. Un. Dub.).                          |
| T. Craig, M.B., CH.B. (Ed.).   | R. H. Newman, L.R.C.P.I. & L.M.,<br>L.R.C.S.I.                                       |
| R. L. Dagger, M.D. (Durh.), M.R.C.S.<br>(Eng.), L.R.C.P. (Lond.).            | H. F. Park, M.B., CH.B. (Aberd.).  |
| *H. Dickie, M.B., CH.B. (Glas.).   | A. Patterson, M.B. (Durh.).  |
| M. K. Dunlop, M.B., CH.B. (Glas.).   | H. L. Pearson, M.B., CH.B.   |
| J. Elliott, L.R.C.P., L.R.C.S. (Ed.),<br>L.R.F.P.S. (Glas.).                 | G. B. Picton, M.B., B.S. (Durh.).  |
| S. Fullerton, M.B., B.CH., B.A.O.<br>(Belf.).                                | T. G. Quinn, M.B., CH.B. (St. And.).   |
| T. Gallacher, L.R.C.P., L.R.C.S. (Ed.),<br>L.R.F.P.S. (Glas.).               | A. Scott Purves, M.D. (Ed.).   |
| J. M. Glasse, M.B., CH.B. (Ed.).   | J. A. Smail, M.B., CH.B. (Ed.).  |
| W. Hall, M.B., B.S. (Durh.).   | G. R. Spence, M.B., CH.B. (Glas.).   |
| Evelyn M. Hall, M.B., B.S. (Durh.).  | *W. M. Stewart, M.B., CH.B. (Glas.).   |
| A. S. Hedley, M.B., B.S. (Durh.).  | H. L. Taylor, M.B., CH.B. (Leeds).   |
| F. Henderson, (M.C.), M.B., CH.B.  | W. S. Dalgetty, M.B., CH.B. (Ed.).   |
| P. Henderson, M.D. (Durh.), L.R.C.P.,<br>L.R.C.S. (Ed.), L.R.F.P.S. (Glas.). | B. W. E. Trevor-Roper, M.R.C.S.,<br>L.R.C.P. (Lond.), M.B., CH.B. (Vict.<br>Manch.). |
| *W. Holmes, M.R.C.S. (Eng.), L.R.C.P.<br>(Lond.).                            | R. A. Welsh, M.B., B.S. (Durh.).   |

\* Also acts as Public Vaccinator for Poor Law Institution.



## LIST OF VACCINATION OFFICERS.

Vaccination District.					Vaccination Officer.
Alnwick	...	...	...	...	N. A. Burke.
Embleton	...	...	...	...	A. Welsh.
Warkworth	...	...	...	...	G. S. Smetham.
Belford ...	...	...	...	...	C. V. F. Cooke.
Bellingham	...	...	...	...	John R. Colling.
Berwick	...	...	...	...	John Smith.
Ponteland	...	...	...	...	R. Reay, Jr.
Hexham	...	...	...	...	M. Atkin.
Allendale	...	...	...	...	T. A. Henderson.
Chollerton	...	...	...	...	J. Muir.
Bywell ...	...	...	...	...	W. J. Richardson.
Haltwhistle	...	...	...	...	Wm. Grant.
Ashington	...	...	...	...	F. Darling.
Bedlington	...	...	...	...	John H. Jacques.
Morpeth	...	...	...	...	E. Stanley.
Rothbury	...	...	...	...	E. Heatley.
Blyth ...	...	...	...	...	R. Muter.
Cramlington	...	...	...	...	R. N. Carr.
Earsdon	...	...	...	...	R. Gibson.
Longbenton	...	...	...	...	F. Robertson.
Wallsend	...	...	...	...	J. Thomson.
Newburn	...	...	...	...	J. E. Cockburn.

## PUBLIC HEALTH LEGISLATION.

The following Acts of administrative interest were placed on the Statute Book during 1936 :—

*Housing Act, 1936*, which consolidates the Housing Acts 1925 to 1935 and certain other Acts relating to Housing.

*Midwives Act, 1936*. An Act to amend the Midwives Acts, 1902-1926, and which provides for the domiciliary service of midwives.

*Milk (Extension of Temporary Provisions) Act, 1936*. This Act extends, with amendments, certain temporary provisions of the Milk Act, 1934.

*Public Health Act, 1936*. This Act consolidates, with amendments, certain enactments relating to Public Health.

*Old Age Pensions Act, 1936*. An Act to consolidate the enactments relating to non-contributory Old Age Pensions, and

*The Widows, Orphans and Old Age Contributory Pensions Act, 1936*, which consolidates the enactments relating to Widows, Orphans and Old Age Contributory Pensions.

## ORDERS, CIRCULARS, ETC.

*The Milk (Special Designations) Order, 1936*, defines the special designations which may be used in relation to graded milk.

*The Housing Act, 1935 (Operation of Overcrowding Provisions) Order, 1936*, specifies the appointed days for the purposes of certain sections of the Act.

*The Medical Practitioners (Fees) Regulations, 1936*, defines the conditions subject to which the fees are payable to Medical Practitioners under subsection (1) of section 9 of the Midwives Act, 1936.

*Memorandum—Sale of Milk under special designations*, sets out in general terms the effect of the Milk (Special Designations) Order, 1936.

*Memorandum 200/M.C.W.*, relates to the operation of the Midwives Act, 1936.

*Memorandum 139/Foods*, concerns bacteriological tests for graded milk.

*Memorandum 199/Med.*, draws attention to the necessity for careful investigation of the origin and sterilization of catgut intended to be used in surgical operations.

*Memorandum 166/Med. (Revised)*, brings up to date, the information contained in Memo. 166/Med. issued in 1932, regarding Acute Poliomyelitis.

*Scheme for the supply of milk in schools at reduced rates*. The Ministry of Agriculture and Fisheries have approved certain revised arrangements made by the Milk Marketing Board under Sec. 11 of the Milk Act, 1934.

*Circular 1520* suggests the adoption of a specified degree and standard of illumination of test cards for use in connection with the certification and registration of persons under the Blind Persons Act, 1920.

*Circular 1525* recommends the study by Councils of the recommendations of the Committee appointed in connection with the recruitment, training and promotion of Local Government Officers.

*Circular 1533* relates to the operation of the Milk (Special Designations) Order, 1936, and Memo. 197/Foods.

*Circular 1536* relates to the International Agreement for the treatment of Seamen suffering from Venereal Disease.

*Circular 1538* refers to arrangements to be made by Councils for the payment, by them, of annual contributions towards expenses of Voluntary Associations during the fixed grant period—April, 1937, to March, 1942.

*Circulars 1539 and 1560* deals with the steps to be taken to bring into operation the whole of the overcrowding provisions of the Housing Act, 1935.

*Circular 1544* suggests the suspension of the use of orthodichlorobenzene for the disinfection of inhabited houses.

*Circular 1550* draws attention to the necessity for the supervision of children under school age (i.e. between the ages of 18 months and 5 years) by, e.g., the holding of "Toddlers Clinics" at Infant Welfare Centres and the treatment of minor ailments at Minor Ailments Clinics.

*Circular 1563* directs attention to the recommendations contained in Memo. 199/Med. regarding sterilized surgical catgut.

*Circular 1569* relates to the provisions of the Midwives Act, 1936.

*Circular 1574* directs attention to the necessity for ascertaining promptly the existence of unregistered Nursing Homes.

*Circular 1576* deals with the provisions of the Public Health Act, 1936, which comes into operation on October 1st, 1937.

*Circular 1578* relates to the provisions of the Old Age Pensions Act, 1936.



*Circular* 1580 directs that the manner of carrying out the tests for graded milk shall be as set out in Memorandum 139/Foods.

*Circular* 1582 relates to the payment of fees to medical practitioners under the Midwives Act, 1936.

*Circular* 1583 directs attention to the advisability of a fuller use being made of the provisions of the Housing (Rural Workers) Acts.

*Circular* 1586 refers to Memo. 166/Med. (Revised) relating to Acute Poliomyelitis and draws attention particularly to the section headed "Action by the Medical Officer of Health."

#### HOME OFFICE.

The following Circulars and Memoranda were issued by the Home Office during the year.

##### *Air Raid Precautions.*

###### *Circulars :—*

Anti-gas training.

Assistance in Air Raids by St. John Ambulance Brigade and British Red Cross Society.

###### *Memoranda.*

Air Raid Precautions.

Rescue parties and clearance of debris.

Air Raid Precautions (Memo. 3) organisation of decontamination services.

##### *Pharmacy and Poisons Act, 1933.*

Memoranda on the provisions of the Act affecting—

(a) Medical, Dental and Veterinary practitioners, Hospitals, Dispensaries and similar Institutions.

(b) Manufacturers, wholesalers, etc., and

(c) the purchase of poisons for use in agriculture and horticulture.

#### MINISTRY OF HEALTH INQUIRIES, 1936.

Ministry of Health Inquiries were held during the year, as shown below :—

25th March, at Newburn-on-Tyne. Relative to an application by the Newburn Urban District Council for a grant towards works of sewerage and for the conversion of privies into w.c's.

7th April, at Morpeth. Relative to an application by the Borough Council of Morpeth for sanction to borrow £2,160 for the conversion of pail-closets, etc., to w.c's., and for works of sewage disposal.

1st September, at Amble. Relative to an application by Amble Urban District Council for sanction to borrow £4,700 for works of water supply.

2nd September, at Shilbottle Grange. Relative to an application by Alnwick Rural District Council for consent to borrow £1,880 for works of water supply at Shilbottle, Hazon and Hartlaw, and Warkworth.

15th October, at Berwick-on-Tweed. Relative to an application by the Borough Council for consent to borrow £19,000 for works of water supply.

15th December, at Newcastle-on-Tyne. Relative to an application by the Seaton Burn Valley Joint Sewerage Board for consent to various modifications in the United District of the Board and in the Constitution of the Board consequent upon the Northumberland Review Order, 1935.

I am, my Lords, Ladies and Gentlemen,

Your obedient servant,

WILLIAM F. J. WHITLEY.

## THE ADMINISTRATIVE COUNTY.

### AREA.

The area of the County is 1,276,203 acres, divided as follows :—

Boroughs	...	...	...	...	...	18,340 acres.
Urban Districts	...	...	...	...	...	61,212 „
Rural Districts	...	...	...	...	...	1,196,651 „

### POPULATION.

The *civil* population of Northumberland (exclusive of the county boroughs of Newcastle upon Tyne and Tynemouth) was estimated by the Registrar-General to be 406,550 at the middle of 1936.

The population at the 1931 census, as revised through the changes in boundary was 404,637.

### RATEABLE VALUE.

Rateable value of Administrative County, as at April 1st, 1936, £2,099,787. Produce of a 1d. rate for year ended March 31st, 1937 (estimated), £8,140.

### BOROUGHs, URBAN AND RURAL DISTRICTS, AND PORT SANITARY AUTHORITIES.

The County at the *end* of 1936 was divided for the purpose of sanitary administration into 26 districts, four of which were municipal boroughs, twelve urban districts, and ten rural districts. There are also the Blyth and Tyne Port Sanitary Authorities. The Authorities for the Tweed and Coquet Ports are the Council of the Borough of Berwick-on-Tweed and the Amble Urban District Council respectively.

### BOROUGHs.

Berwick-on-Tweed, Blyth, Morpeth and Wallsend.

The civil population of the boroughs was estimated to be 99,635 at the middle of 1936.

### URBAN DISTRICTS.

Alnwick, Amble, Ashington, Bedlingtonshire, Gosforth, Hexham, Longbenton, Newbiggin-by-the-Sea, Newburn, Prudhoe, Seaton Valley, and Whitley & Monkseaton.

The civil population of the urban districts was estimated to be 210,965 at the middle of 1936.

## RURAL DISTRICTS.

Alnwick, Belford, Bellingham, Castle Ward, Glendale, Haltwhistle, Hexham, Morpeth, Norham & Islandshires, and Rothbury.

The civil population of the rural districts was estimated to be 95,950 at the middle of 1936.

The area and population of each sanitary district in the administrative county will be found in a table opposite page 28 of this report.

## SCHEME FOR WHOLE-TIME DISTRICT MEDICAL OFFICERS OF HEALTH.

The following scheme was made by the County Council under Section 111 of the Local Government Act, 1933, for securing the Appointment of Whole-time Medical Officers of Health.

1.—For the purpose of the appointment of Whole-time Medical Officers of Health the administrative county of Northumberland shall be divided into four areas consisting of the county districts specified in the second column of the subjoined schedule :—

<i>Area.</i>	<i>County Districts comprised in Area.</i>
No. 1    ...    ...	Berwick-upon-Tweed Borough. Norham and Islandshires Rural District. Glendale Rural District. Belford Rural District. Amble Urban District. Alnwick Urban District. Alnwick Rural District. Rothbury Rural District.
No. 2    ...    ...	Morpeth Borough. Ashington Urban District. Bedlingtonshire Urban District. Newbiggin-by-the-Sea Urban District. Morpeth Rural District.
No. 3    ...    ...	Seaton Valley Urban District. Whitley and Monkseaton Urban District. Longbenton Urban District. Gosforth Urban District. Newburn Urban District. Castle Ward Rural District.
No. 4    ...    ...	Hexham Urban District. Hexham Rural District. Prudhoe Urban District. Haltwhistle Rural District. Bellingham Rural District.

2.—There shall be appointed for each of the above-mentioned Areas a whole-time Medical Officer of Health and for each of Areas Nos. 2 and 3 an Assistant Medical Officer of Health, all of whom shall be restricted by the terms of their appointments from engaging in private practice as medical practitioners.

Provided that none of the above-mentioned appointments shall be made unless and until a vacancy exists, and pending such vacancy all appointments of existing Medical Officers of Health whether in respect of a combination of districts or otherwise shall remain undisturbed until the holder retires or is deceased.



## BIRTHS.

*Live Births.*—According to the statistics supplied by the Registrar-General the net births belonging to the administrative county numbered 6,205—3,172 males and 3,033 females (4,854 of the births occurred in urban districts and 1,351 in rural districts).

Of the 6,205 births above-mentioned 218 (3.5%) were illegitimate.

The birth rate for the county was 15.26 (15.53 in 1935 and 15.48 in 1934).

The following table shows the comparative rates :—

	Birth rate.	Increase since 1935.	Decrease since 1935.	Mean rate 1926-1935.
Administrative County ...	15.26	—	0.27	16.20
Urban districts ...	15.63	—	0.40	17.74
Rural districts ...	14.08	0.15	—	14.51
England and Wales ...	14.8	0.1	—	15.85

*Still-births.*—The net still-births stated by the Registrar-General to have been registered as belonging to the administrative county during the year 1936 numbered 272—145 males and 127 females (224 belonging to urban districts and 48 to rural districts). Fifteen, representing 5.5% of the 272 still-births, were illegitimate.

Comparative rates, per 1,000 of the population, and per 1,000 of the total births registered are given in the following table :—

	Number.	Rate per 1,000 population.	Rate per 1,000 total births registered.
Administrative County ...	272	0.67	41.9
Urban Districts ...	224	0.72	44.1
Rural Districts ...	48	0.50	34.3

Particulars of live births and still-births as regards each sanitary district in the administrative county are shown in a table opposite page 28 of this report.

## DEATHS.

*Net deaths.*—According to information supplied by the Registrar-General the net deaths numbered 4,886—2,557 males and 2,329 females (3,659 in urban and 1,227 in rural districts).

The following table shows the comparative rates :—

	Death rate.	Increase since 1935.	Decrease since 1935.	Death rate adjusted by application of comparability factor.	Mean rate 1926-1935.
Administrative County	12.02	0.40	—	12.74	11.64
Urban districts ...	11.78	0.26	—	12.95	11.74
Rural districts ...	12.79	0.86	—	12.15	11.45
England and Wales ...	12.1	0.4	—	—	12.06

Details of the deaths and death rates in the several districts are given in the table opposite page 28 of this report.

The diseases causing the greatest mortality in the administrative county during 1936 were as follows :—

Disease.	No. of deaths.	Percentage of total deaths.
Heart Disease ... ..	1069	21·88
Cancer... ..	621	12·71
Cerebral Hæmorrhage etc. ..	310	6·34
Tuberculosis ... ..	290	5·93
Other circulatory diseases ..	271	5·55
Pneumonia (all forms) ... ..	263	5·38
Acute and Chronic Nephritis ...	196	4·01
Totals ... ..	3,020	61·80

The above-named seven diseases were responsible for more than half the deaths in the administrative county.

### CANCER.

The following table indicates the proportion of deaths from Cancer to deaths from all causes during the five years 1931-35 inclusive. From this it would appear that in Northumberland there is a slight tendency towards an increase, though the only age periods which indicate a sustained rise during the period are those relating to males between 55 and 65 years of age and females between 45 and 55, and 65 and 75.

The regional radium centre in this area is at the Royal Victoria Infirmary, Newcastle-on-Tyne, which is a voluntary institution; the County Council has made arrangements for the treatment there of in-patients and also defrays the cost of travelling of both in-patients and out-patients attending the centre. The medical practitioners in the area have been informed of these facilities, but so far very little use has been made of them.



PERCENTAGE OF DEATHS FROM CANCER TO THE TOTAL DEATHS REGISTERED IN NORTHUMBERLAND DURING THE YEARS 1931-1935 INCLUSIVE.

AGE PERIODS.		MALES.					FEMALES.					TOTALS.				
		Year.					Year.					Year.				
		1931	1932	1933	1934	1935	1931	1932	1933	1934	1935	1931	1932	1933	1934	1935
0-1 ...	...	0.3	—	—	—	—	—	—	—	—	0.5	0.2	—	—	—	0.2
1-2 ...	...	1.6	—	—	—	—	—	—	2.3	—	—	0.9	—	1.0	—	—
2-5 ...	...	—	—	—	1.9	2.2	—	—	—	1.4	3.0	—	—	—	1.6	2.5
5-15 ...	...	1.3	1.5	—	1.4	—	1.7	—	3.4	—	3.9	1.5	0.7	1.5	0.7	1.6
15-25 ...	...	0.9	0.9	1.7	3.1	1.0	1.8	0.8	1.0	3.7	—	1.3	0.9	1.4	3.4	0.5
25-35 ...	...	2.5	5.0	1.4	5.1	4.7	3.4	5.3	5.8	2.3	2.8	3.0	5.2	3.4	3.8	3.8
35-45 ...	...	12.0	7.9	6.3	9.6	9.0	17.1	15.9	19.0	14.9	20.2	15.0	11.8	13.0	12.3	13.7
45-55 ...	...	16.5	14.2	16.6	13.4	15.5	20.0	21.7	23.9	23.3	20.9	18.1	17.9	20.1	17.8	18.0
55-65 ...	...	16.0	19.0	18.0	20.6	20.9	24.0	23.0	23.7	21.7	19.0	19.4	21.0	20.7	21.1	20.0
65-75 ...	...	16.0	16.0	14.9	18.8	15.7	14.4	16.7	18.5	17.7	19.0	15.2	16.3	16.6	18.3	17.0
75 and upwards	...	9.1	8.1	6.7	9.0	8.3	9.3	9.5	11.4	9.4	9.1	9.1	8.8	9.1	9.2	8.7
All ages	...	10.1	10.4	9.6	11.9	11.0	11.6	12.6	14.3	12.7	12.8	10.8	11.4	11.8	12.2	11.8







## INFANT MORTALITY.

	Number of deaths.	Death rate per 1000 births	Increase since 1935.	Decrease since 1935.	Mean rate 1926-1935.
Administrative County ...	437	70	—	1	70
Urban districts ...	346	71	—	3	75
Rural districts ...	91	67	10	—	60
England and Wales ...	35236	59	2	—	64

The subjoined tables indicate the rates among legitimate and illegitimate infants respectively :—

	Legitimate Infants.		Illegitimate Infants.	
	No. of deaths under 1 year.	Death rate per 1000 births.	No. of deaths under 1 year.	Death rate per 1000 births.
Administrative County ...	419	70	18	82
Urban districts ...	330	70	16	105
Rural districts ...	89	69	2	31

## DEATHS UNDER 5 YEARS AND AT 65 YEARS AND UPWARDS.

The rates (per 1,000 population) were as follows :—

	Under 5 years.	65 years and upwards.
Administrative County ...	1·37	5·81
Urban districts ...	1·44	5·42
Rural districts ...	1·12	7·08

## INFECTIOUS DISEASES.

Notifications of Infectious Diseases received during the year 1936 under Article 14 (2) of the Sanitary Officers Order, 1926.

SANITARY DISTRICTS.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pneumonia.	Puerperal Fever.	Puerperal Pyrexia.	Erysipelas.	TOTALS.
MUNICIPAL BOROUGHES.									
Berwick-on-Tweed ...	—	43	11	—	1	—	—	1	56
Blyth ...	—	96	65	1	64	1	7	21	255
Morpeth ...	—	22	3	—	14	1	1	14	55
Wallsend ...	—	168	53	6	94	1	6	18	346

SANITARY DISTRICTS.			Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pneumonia.	Puerperal Fever.	Puerperal Pyrexia.	Erysipelas.	TOTALS.
URBAN DISTRICTS.											
Alnwick...	...	...	—	3	33	—	1	—	—	—	37
Amble ...	...	...	—	1	4	—	—	—	—	2	7
Ashington ...	...	...	—	48	59	—	51	1	3	22	184
Bedlington ...	...	...	—	87	17	2	50	—	2	9	167
Gosforth ...	...	...	—	35	39	1	23	—	—	9	107
Hexham ...	...	...	—	117	17	—	7	—	1	10	152
Longbenton ...	...	...	—	142	80	1	21	—	2	8	254
Newbiggin-by-Sea ...	...	...	—	19	26	1	57	—	2	8	113
Newburn ...	...	...	—	50	22	—	15	1	1	2	91
Prudhoe ...	...	...	—	49	32	—	27	3	—	19	130
Seaton Valley ...	...	...	—	107	120	2	22	—	3	13	267
Whitley & Monkseaton			—	93	69	3	32	—	1	8	206
RURAL DISTRICTS.											
Alnwick...	...	...	—	32	18	1	2	—	2	2	57
Belford ...	...	...	—	5	13	1	8	—	1	—	28
Bellingham ...	...	...	—	19	8	—	20	—	—	3	50
Castle Ward ...	...	...	—	36	20	1	12	—	—	4	73
Glendale ...	...	...	—	10	3	—	6	—	—	2	21
Haltwhistle ...	...	...	—	10	—	—	6	1	1	2	20
Hexham ...	...	...	—	107	48	2	26	—	2	4	189
Morpeth ...	...	...	—	34	14	8	12	1	2	8	79
Norham & Islandshire			—	9	2	—	—	—	—	—	11
Rothbury ...	...	...	—	15	3	1	8	—	—	5	32
			—	1,357	779	31	579	10	37	194	2,987

The attack rate per 1,000 population for the administrative county was 7.34, for boroughs and urban districts 7.81, and for rural districts 5.83.

The following are the attack rates, per 1,000 population, of the under-mentioned infectious diseases, in each sanitary district in the administrative county :—

Sanitary Districts.			Small-pox	Scarlet Fever.	Diphtheria.	Enteric Fever.*	Puerperal Fever.	Puerperal Pyrexia	Erysipelas.
<i>Municipal Boroughs.</i>									
Berwick ...	...	...	—	3.53	0.90	—	—	—	0.08
Blyth ...	...	...	—	2.79	1.88	0.03	0.03	0.20	0.61
Morpeth ...	...	...	—	2.33	0.31	—	0.10	0.10	1.48
Wallsend ...	...	...	—	3.84	1.21	0.13	0.02	0.13	0.41



Sanitary Districts.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.*	Puer-peral Fever.	Puer-peral Pyrexia	Erysipelas.
<i>Urban Districts.</i>							
Alnwick ... ..	—	0.43	4.77	—	—	—	—
Amble ... ..	—	0.23	0.92	—	—	—	0.46
Ashington ... ..	—	1.59	1.96	—	0.03	0.09	0.73
Bedlingtonshire ...	—	3.14	0.61	0.07	—	0.07	0.32
Gosforth ... ..	—	1.81	2.01	0.05	—	—	0.46
Hexham ... ..	—	12.88	1.87	—	—	0.11	1.10
Longbenton ... ..	—	6.66	3.75	0.04	—	0.09	0.37
Newbiggin ... ..	—	2.13	2.92	0.11	—	0.22	0.89
Newburn ... ..	—	2.59	1.14	—	0.05	0.05	0.10
Prudhoe ... ..	—	5.43	3.55	—	0.33	—	2.11
Seaton Valley ... ..	—	3.78	4.25	0.07	—	0.10	0.46
Whitley & Monkseaton	—	3.44	2.55	0.11	—	0.03	0.30
<i>Rural Districts.</i>							
Alnwick ... ..	—	2.72	1.48	0.08	—	0.16	0.16
Belford ... ..	—	1.07	2.80	0.21	—	0.21	—
Bellingham ... ..	—	3.71	1.56	—	—	—	0.58
Castle Ward ... ..	—	2.88	1.59	0.08	—	—	0.32
Glendale ... ..	—	1.30	0.39	—	—	—	0.26
Haltwhistle ... ..	—	1.24	—	—	0.12	0.12	0.24
Hexham ... ..	—	5.28	2.37	0.09	—	0.09	0.19
Morpeth ... ..	—	2.23	0.92	0.52	0.06	0.13	0.52
Norham & Islandshires	—	1.91	0.42	—	—	—	—
Rothbury ... ..	—	2.63	0.52	0.17	—	—	0.87

\* Including Typhoid and Paratyphoid.

It will be observed that the highest attack rates were as follows :—

*Scarlet Fever.*—Hexham U.D., 12.88 ; Longbenton U.D., 6.66 ; and Prudhoe U.D., 5.43.

*Diphtheria.*—Alnwick U.D., 4.77 ; Seaton Valley U.D., 4.25, and Longbenton U.D., 3.75.

*Enteric Fever.*—Morpeth R.D., 0.52 ; Belford R.D., 0.21, and Rothbury R.D., 0.17.

*Puerperal Fever.*—Prudhoe U.D., 0.33 ; Haltwhistle R.D., 0.12, and Morpeth Borough, 0.10.

*Puerperal Pyrexia.*—Newbiggin-by-the-Sea U.D., 0.22 ; Belford R.D., 0.21, and Blyth Borough, 0.20.

*Erysipelas.*—Prudhoe U.D., 2.11 ; Morpeth Borough, 1.48, and Hexham U.D., 1.10.

#### ZYMOTIC DISEASES.

The Zymotic diseases which are generally notifiable are Small-pox, Scarlatina, Diphtheria, Fevers (Typhus, Typhoid, Paratyphoid and Continued & Relapsing). The seven principal Zymotic diseases upon which the Zymotic death rate is calculated, are the four just mentioned, and in addition, Whooping Cough, Measles and Diarrhoea & Enteritis (under two years).

One hundred and twenty-three deaths were caused by the seven principal Zymotic diseases, being a decrease of 9 compared with the number registered in 1935. Of these 109 took place in the urban and 14 in the rural districts.

The Zymotic diseases which caused the greatest mortality were :—

Diseases.	Number of deaths.		
	1936.	1935.	1934.
Diarrhoea & Enteritis (under 2 years) ... ..	48	33	35
Diphtheria ... ..	38	44	30
Measles ... ..	24	17	55

As Diarrhoea & Enteritis, Measles and Whooping Cough are not generally notifiable, no information can be given as to the number of cases which occurred.

The comparative rates for Zymotic diseases are set out in the following table :—

Diseases.	Death Rate.	Increase since 1935.	Decrease since 1935.
Administrative County ... ..	0·30	—	0·02
Urban districts ... ..	0·35	—	0·01
Rural districts ... ..	0·14	—	0·04
England and Wales ... ..	0·30	0·07	—

Table showing death rates per 1,000 living, from each of the seven principal Zymotic diseases for the seven years ended December 31st, 1936.

Diseases.	1930.	1931.	1932.	1933.	1934.	1935.	1936.
Small-pox ... ..	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.
Scarlatina ... ..	0·022	0·007	0·014	0·046	0·075	0·037	0·005
Diphtheria ... ..	0·036	0·036	0·022	0·015	0·073	0·108	0·093
Typhoid & Paratyphoid	0·014	0·014	0·007	0·012	0·004	Nil.	0·005
Measles ... ..	0·029	0·201	0·017	0·053	0·133	0·042	0·059
Whooping Cough	0·034	0·083	0·095	0·029	0·068	0·056	0·022
Diarrhoea & Enteritis (under 2 years)	0·097	0·071	0·100	0·154	0·084	0·081	0·118

*Small-pox.*—No cases were notified.

*Typhus, Cholera, Plague, Anthrax (in human subjects).*—No cases were reported.

*Cerebro-spinal Meningitis.*—Eleven cases were notified: 4 deaths were reported.

*Encephalitis Lethargica.*—Two cases were notified; eight deaths were reported.

*Poliomyelitis*.—Two cases were notified. No death was reported.

*Polio-encephalitis*.—No case was notified. Two deaths were reported.

*Chicken-pox* was reported from 7 Sanitary districts.

*Continued Fever*.—One case was reported.

*Dysentery*.—Ten cases were reported from 7 Sanitary districts.

*Diarrhoea*.—No case was reported.

*Measles*.—Cases were reported from four districts.

*Malaria*.—One case was reported.

*Meningitis*.—One case was reported.

*Undulant Fever*.—No case was reported.

*Whooping Cough*.—Cases were reported from three districts.

#### SCARLET FEVER.

The notifications numbered 1,357 (1,080 from urban and 277 from rural districts). The mortality from this disease was 2 (both deaths occurring in urban districts). In 1935, 15 deaths were reported, and in 1934, 31.

	Death rate per 1000 population.	Increase since 1935.	Decrease since 1935.	Attack rate per 1000 living.
Administrative County ...	0·004	—	0·033	3·33
Urban districts ...	0·006	—	0·036	3·47
Rural districts ...	—	—	0·020	2·88

The district in which the greatest number of cases occurred was Wallsend Borough (168).

#### TYPHOID AND PARATYPHOID FEVERS.

Thirty-one cases (17 from urban and 14 from rural districts) were notified. Two deaths occurred. In 1935 there were no deaths from this disease, in 1934 there were two deaths.

	Death rate per 1000 population.	Increase since 1935.	Decrease since 1935.	Attack rate per 1000 living.
Administrative County ...	0·004	0·004	—	0·07
Urban districts ...	0·003	0·003	—	0·05
Rural districts ...	0·010	0·010	—	0·14

The district in which the greatest number of cases occurred was Morpeth R.D. (8).

#### DIPHTHERIA AND MEMBRANOUS CROUP.

The notifications numbered 779 (650 from urban and 129 from rural districts). The diseases (one or both) were notified from all districts except the rural district of Haltwhistle.



Thirty-eight deaths occurred (35 in urban and 3 in rural districts); 44 deaths were reported in 1935 and 30 in 1934.

				Death rate per 1000 population.	Increase since 1935.	Decrease since 1935.	Attack rate per 1000 living.
Administrative County	...	...	...	0·093	—	0·015	1·91
Urban districts	...	...	...	0·112	—	0·014	2·09
Rural districts	...	...	...	0·031	—	0·020	1·36

#### MEASLES.

Twenty-four deaths occurred (all except one in urban districts); 17 deaths were reported in 1935 and 55 in 1934.

				Death rate per 1,000 population.	Increase since 1935.	Decrease since 1935.
Administrative County	...	...	...	0·059	0·017	—
Urban districts	...	...	...	0·074	0·019	—
Rural districts	...	...	...	0·010	0·010	—

#### WHOOPING COUGH.

The deaths numbered 9 (7 in urban districts and 2 in rural districts): 23 deaths were reported in 1935 and 28 in 1934.

				Death rate per 1,000 population.	Increase since 1935.	Decrease since 1935.
Administrative County	...	...	...	0·022	—	0·034
Urban districts	...	...	...	0·022	—	0·039
Rural districts	...	...	...	0·020	—	0·021

#### PUERPERAL FEVER.

This disease caused 10 deaths (8 in urban and 2 in rural districts), compared with 9 in 1935 and 15 in 1934.

				Death rate per 1,000 total births.	Increase since 1935.	Decrease since 1935.
Administrative County	...	...	...	1·54	0·18	—
Urban districts	...	...	...	1·57	0·23	—
Rural districts	...	...	...	1·43	0·01	—

The distribution of the deaths was as follows:—Wallsend Borough, 2; Ashington U.D., 1; Newbiggin-by-the-Sea U.D., 1; Prudhoe U.D., 1; Seaton Valley U.D., 2; Whitley & Monkseaton U.D., 1; Glendale R.D., 1, and Haltwhistle R.D., 1.

## DIARRHOEA AND ENTERITIS.

*At all ages.*

The number of deaths at all ages was 61 (51 in urban and 10 in rural districts). In 1935 46 deaths occurred, and in 1934, 54.

	Death rate per 1,000 population.	Increase since 1935.	Decrease since 1935.
Administrative County ... ..	0·150	0·037	—
Urban districts ... ..	0·164	0·051	—
Rural districts ... ..	0·104	—	0·008

*Under 2 years.*

The deaths from this cause, under two years of age, numbered 48 (33 in 1935 and 35 in 1934); 41 occurred in urban and 7 in rural districts.

	Death Rate per 1,000 births.	Increase since 1935.	Decrease since 1935.
Administrative County ... ..	7·73	2·52	—
Urban districts ... ..	8·44	3·22	—
Rural districts ... ..	5·17	0·03	—

## RESPIRATORY DISEASES.

Respiratory diseases (exclusive of Respiratory Tuberculosis) caused 455 deaths in the administrative county during the year; 360 occurred in urban and 95 in rural districts. 423 deaths were reported in 1935 and 451 during 1934. The following table shows the comparative rates :—

	Death Rate per 1,000 population.	Increase since 1935.	Decrease since 1935.
Administrative County ... ..	1·11	0·07	—
Urban districts ... ..	1·15	0·03	—
Rural districts ... ..	0·99	0·23	—

## INFLUENZA.

Forty seven deaths were recorded (32 in urban and 15 in rural districts), as directly attributable to this disease during the year. The deaths during 1935 numbered 75, and during 1934, 51. The following table indicates the comparative rates :—

	Death Rate per 1,000 population.	Increase since 1935.	Decrease since 1935.
Administrative County ... ..	0·11	—	0·07
Urban districts ... ..	0·10	—	0·07
Rural districts ... ..	0·15	—	0·09

*Vital and Mortality Statistics.*

The following table shows the principal vital and mortality rates for the years 1892-1936 (inclusive).

Year.			Birth rate per 1,000 living.	General death rate per 1,000 living.	Infant mortality rate per 1,000 births.	Zymotic death rate per 1,000 living.	Death rate from Respiratory Tuberculosis per 1,000 living.
1892	...	...	33.25	18.41	130.00	1.42	1.67
1893	...	...	33.22	18.50	160.00	2.35	1.67
1894	...	...	31.76	16.12	131.73	1.51	1.56
1895	...	...	32.59	18.72	156.28	2.29	1.62
1896	...	...	31.75	15.87	136.74	1.46	1.43
1897	...	...	31.57	16.73	150.66	1.69	1.50
1898	...	...	30.88	17.44	169.80	1.99	1.32
1899	...	...	31.46	17.71	173.88	2.29	1.27
1900	...	...	31.24	17.53	160.31	1.73	1.38
1901	...	...	33.22	18.72	183.57	2.80	1.25
1902	...	...	32.76	16.63	126.90	1.40	1.25
1903	...	...	32.58	16.81	145.43	1.58	1.19
1904	...	...	29.42	17.12	168.69	1.99	1.17
1905	...	...	30.41	15.01	133.57	1.26	1.02
1906	...	...	29.09	14.52	136.28	1.51	1.04
1907	...	...	28.25	13.51	112.93	1.03	1.00
1908	...	...	29.46	14.82	146.41	1.28	0.95
1909	...	...	28.43	13.39	106.99	1.03	1.01
1910	...	...	26.91	12.99	114.73	1.01	0.93
1911	...	...	27.48	13.96	136.79	1.94	0.98
1912	...	...	27.05	12.98	93.80	1.02	0.86
1913	...	...	26.43	13.61	111.39	1.28	0.91
1914	...	...	26.61	13.31	113.78	1.33	0.91
1915	...	...	24.42	15.82	122.00	2.04	1.03
1916	...	...	21.91	13.75	101.00	0.84	1.10
1917	...	...	20.39	13.60	101.00	0.97	1.06
1918	...	...	21.54	17.26	101.00	1.07	1.22
1919	...	...	22.14	14.11	102.00	0.92	0.97
1920	...	...	28.30	12.89	90.00	0.76	0.92
1921	...	...	25.50	12.42	95.00	1.01	0.87
1922	...	...	22.54	12.72	87.00	0.41	0.88
1923	...	...	22.56	11.33	76.00	0.74	0.85
1924	...	...	22.18	12.06	83.00	0.40	0.82
1925	...	...	20.88	11.63	82.00	0.67	0.78
1926	...	...	20.02	11.37	77.00	0.53	0.73
1927	...	...	17.90	11.53	77.00	0.27	0.81
1928	...	...	18.37	11.39	67.00	0.28	0.68
1929	...	...	16.79	12.22	81.00	0.65	0.74
1930	...	...	17.13	11.02	62.00	0.23	0.78
1931	...	...	16.66	12.24	77.00	0.41	0.75
1932	...	...	15.94	11.33	67.00	0.25	0.68
1933	...	...	15.42	11.93	71.00	0.31	0.65
1934	...	...	15.48	11.78	69.00	0.43	0.60
1935	...	...	15.60	11.67	71.00	0.32	0.53
1936	...	...	15.26	12.02	70.00	0.30	0.55



TABLE OF VITAL AND MORTALITY STATISTICS, &amp;c., 1936.





## TUBERCULOSIS.

Table 1.

*Deaths and death rates.*

	Respiratory Tuberculosis.				Other Tuberculous diseases.				Tuberculosis (all forms).			
	Deaths.	Death rates per 100,000 living.	Increase in rates since 1935.	Decrease in rates since 1935.	Deaths.	Death rates per 100,000 living.	Increase in rates since 1935.	Decrease in rates since 1935.	Deaths.	Death rates per 100,000 living.	Increase in rates since 1935.	Decrease in rates since 1935.
Administrative County	224	55	2	—	66	16	—	3	290	71	—	1
Urban districts ...	174	56	—	1	52	17	—	2	226	73	—	3
Rural districts ...	50	52	10	—	14	15	—	5	64	67	5	—
England and Wales ...	—	58	—	2	—	11	—	—	—	69	—	2

Table 1 shows the number of deaths and the death rates per 100,000 living from all forms of Tuberculosis. It will be observed that in Respiratory Tuberculosis there is an increase of 2 per 100,000 in the administrative county as a whole. The decrease in the urban districts is 1 per 100,000, and in the rural districts there is an increase of 10 per 100,000 living.

In other forms of tuberculosis the rate has decreased by 3 in the administrative county, 2 in the urban districts, and 5 in the rural districts per 100,000 of population.

As indicated above, the death rate from all forms of tuberculosis in the administrative county during 1936 was 71, being a decrease of 1 per 100,000 of population from the rate of last year. Of the 290 deaths, 226 occurred in borough and urban districts (population 310,600) equivalent to a death rate of 73 per 100,000 living persons, and 64 in rural districts (population 95,950) corresponding with a death rate of 67 per 100,000 living.



Table 2.

*Deaths and death rates, 1900—1936.*

## Administrative County of Northumberland.

Year.	Respiratory Tuberculosis.		Other Tuberculous Diseases.		Tuberculosis (all forms).		Total Deaths from all causes.	% of Deaths from Tuberculosis.
	No. of Deaths.	Death rate per 100,000 living.	No. of Deaths.	Death rate per 100,000 living.	No. of Deaths.	Death rate per 100,000 living.		
*1900	537	138	244	62	781	200	6,822	11·4
*1901	495	125	280	71	775	196	7,261	10·6
*1902	498	125	240	60	738	185	6,605	11·1
*1903	485	119	323	79	808	198	6,826	11·8
*1904	490	117	317	76	807	193	7,131	11·3
1905	344	102	239	71	583	173	5,016	11·6
1906	362	104	208	60	570	164	5,026	11·3
1907	355	100	197	55	552	155	4,790	11·5
1908	344	95	220	60	564	155	5,377	10·5
1909	377	101	207	55	584	156	4,994	11·6
1910	355	93	225	60	580	153	4,917	11·7
1911	366	98	200	54	566	152	5,159	10·9
1912	328	86	193	50	521	136	4,861	10·7
1913	353	91	189	48	542	139	5,175	10·4
†1914	360	91	180	46	540	137	5,125	10·5
†1915	376	103	197	54	573	157	5,786	9·9
†1916	394	110	187	52	581	162	4,915	11·8
†1917	378	106	194	54	572	160	4,851	11·7
†1918	434	122	164	46	598	168	6,129	9·7
1919	367	97	136	36	503	133	5,335	9·4
1920	363	92	144	37	507	129	5,072	9·9
1921	347	87	151	38	498	125	4,944	10·1
1922	355	88	127	31	482	119	5,113	9·4
1923	345	85	122	30	467	115	4,599	10·1
1924	337	82	126	31	463	113	4,951	9·3
1925	324	78	123	30	447	108	4,807	9·3
1926	303	73	120	29	423	102	4,735	8·9
1927	337	81	90	22	427	103	4,812	8·9
1928	277	68	107	26	384	94	4,642	8·3
1929	301	74	108	26	409	100	5,009	8·2
1930	321	78	89	22	410	100	4,516	9·1
1931	309	75	100	25	409	100	4,993	8·2
1932	279	68	93	23	372	91	4,648	8·0
1933	268	65	81	20	349	85	4,893	7·1
1934	249	60	85	21	334	81	4,856	6·9
1935	218	53	77	19	295	72	4,742	6·2
1936	224	55	66	16	290	71	4,886	5·9
Mean 1926-1935.	286	69	95	23	381	92	4,784	8·0

NOTES.—\*Prior to 1905 Tynemouth U.D., Benwell and Walker were in County area.

†1914-1918 were "war" years.

‡1918 was the year of two severe epidemics of influenza.

Table 2 shows the deaths and death rates from 1900 to 1936 in the administrative county from respiratory tuberculosis, other tuberculous diseases, and all forms, with the total number of deaths from all causes and the percentage of deaths due to tuberculous diseases. It will be noted that the death rate from all forms of tuberculosis is 71 per 100,000

living persons, while in 1900 it was 200. The percentage of deaths from tuberculosis in 1900 was 11.4 against 5.9 in 1936. The total number of deaths in 1900 was 6,822, while in 1936 it was 4,886.

During the five years 1931-1935 the mean mortality rate from all forms of tuberculous diseases in the administrative county was 86; from respiratory tuberculosis the mean rate was 64, and from other tuberculous diseases 22 per 100,000 living. In the preceding quinquennial period (1926-1930) the mean rates were—from tuberculosis (all forms) 100; respiratory 75, and other tuberculous diseases 25 per 100,000 persons living.

The following table shows notifications and mortality at specified age periods during the year, 1936 :—

Table 3.

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M	F.	M.	F.	M.	F.	M.	F.
0— ...	—	—	2	8	—	1	2	5
1— ...	4	5	21	18	2	1	10	7
5— ...	32	35	30	20	2	5	6	6
15— ...	53	52	14	17	16	26	5	6
25— ...	30	59	8	9	27	32	4	1
35— ...	25	18	7	4	29	12	3	3
45— ...	25	14	3	2	18	13	3	2
55— ...	15	10	1	1	17	9	1	1
65 and upwards	9	6	—	—	9	5	1	—
	*193	*199	*86	*79	120	104	35	31

\* Includes new cases coming to the knowledge of the County Medical Officer other than by formal notification under the Public Health (Tuberculosis) Regulations, 1930.

Forty-one cases (23 pulmonary and 18 non-pulmonary) were not notified prior to death. Of this number 8 died in institutions, etc., outside the administrative county. Last year 43 cases were unnotified prior to death.

#### ADMINISTRATION.

For convenience, the following data is given categorically in order to meet the requirements of the Ministry of Health :—

*Public Health (Prevention of Tuberculosis) Regulations, 1925.*—Following upon an application by the County Council, authority for enforcing these Regulations, within the area of the administrative county, was given to the County Council through the medium of the County of Buckingham (Prevention of Tuberculosis) Order, 1926. It was not found necessary to take any action under the Regulations during the year.

*Public Health Act, 1925, Section 62.*—No action was found to be necessary during the year.

As already indicated, the mean death rate from Respiratory Tuberculosis in the administrative County during the previous five years (1931-1935) was 64 per 100,000; this rate is greater than that recorded from all the deaths arising from the seven principal Zymotic Diseases, which showed a mean rate of 34 per 100,000 during the same period.

TABLE 4.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

SUMMARY OF NOTIFICATIONS DURING THE PERIOD FROM THE 1ST JANUARY, 1936, TO THE 31ST DECEMBER, 1936, IN THE AREA OF THE COUNTY OF NORTHUMBERLAND.

Age-periods.	Formal Notifications.											Total Notifications.	
	Number of Primary Notifications of new cases of Tuberculosis.												
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.		Total (all ages).
Pulmonary (Males) ...	—	4	15	16	26	26	28	23	24	13	6	181	198
" (Females) ...	—	5	14	20	20	30	55	15	13	10	6	188	207
Non-pulmonary (Males) ...	1	17	16	12	8	8	8	6	2	—	—	76	84
" (Females) ...	7	17	11	8	6	9	9	3	1	—	—	71	82
												516	571

NOTIFICATION REGISTERS.

	Pulmonary.			Non-Pulmonary.			Total Cases.
	Males.	Females.	Total.	Males.	Females.	Total.	
Number of cases of Tuberculosis remaining at the 31st December, 1936, on the Registers of Notifications kept by District Medical Officers of Health in the County ...	1,467	1,225	2,692	731	556	1,287	3,979
Number of cases removed from the Registers during the year by reason <i>inter alia</i> of:—							
1. Withdrawal of notification ...	1	—	1	—	—	—	1
2. Recovery from disease ...	92	80	172	62	41	103	275
3. Death ...	110	95	205	28	21	49	254



TABLE 5.

INCIDENCE OF TUBERCULOSIS IN THE ADMINISTRATIVE COUNTY ACCORDING  
TO DISTRICTS, 1936.

SANITARY DISTRICTS.	"Live" cases on Registers at com- mencement of year.			Number of Primary Notifications during year.			Deaths Registered during year.			"Live" cases on Registers at end of year.		
	Respir- atory.	Other forms.	Total	Respir- atory.	Other forms.	Total	Respir- atory.	Other forms.	Total	Respir- atory.	Other forms.	Total
<i>Municipal Boroughs.</i>												
Berwick-on-Tweed ...	73	56	129	18	5	23	6	1	7	82	59	141
Blyth ...	199	50	249	31	12	43	28	8	36	202	57	259
Morpeth ...	83	20	103	15	1	16	2	—	2	93	21	114
Wallsend...	276	121	397	69	25	94	44	15	59	244	90	334
<i>Urban Districts.</i>												
Alnwick ...	84	18	102	10	2	12	6	1	7	90	20	110
Amble ...	18	10	28	5	3	8	2	2	4	21	12	33
Ashington ...	188	103	291	28	7	35	17	3	20	191	96	287
Bedlingtonshire...	240	99	339	24	11	35	9	1	10	235	101	336
Gosforth ...	68	16	84	15	3	18	5	—	5	80	20	100
Hexham ...	134	30	164	8	5	13	7	2	9	131	34	165
Longbenton ...	97	33	130	20	6	26	9	5	14	110	32	142
Newbiggin-by-the-Sea ...	126	69	195	14	10	24	2	2	4	97	47	144
Newburn...	199	130	329	18	3	21	8	2	10	206	127	333
Prudhoe ...	40	23	63	3	5	8	4	2	6	37	25	62
Seaton Valley ...	113	39	152	18	10	28	14	7	21	113	37	150
Whitley & Monkseaton...	175	67	242	21	6	27	11	1	12	186	72	258
<i>Rural Districts.</i>												
Alnwick ...	78	40	118	9	5	14	7	4	11	84	45	129
Belford ...	9	9	18	2	4	6	1	—	1	9	14	23
Bellingham ...	33	4	37	3	2	5	1	1	2	36	6	42
Castle Ward ...	133	61	194	9	7	16	8	—	8	129	65	194
Glendale ...	23	17	40	5	1	6	2	1	3	28	18	46
Haltwhistle ...	29	4	33	—	—	—	5	5	10	30	2	32
Hexham ...	176	50	226	12	7	19	12	1	13	177	55	232
Morpeth ...	165	103	268	11	6	17	11	1	12	152	104	256
Norham & Islandshires...	26	23	49	—	1	1	2	—	2	25	23	48
Rothbury ...	8	2	10	1	—	1	1	1	2	7	2	9
TOTALS ...	2,793	1,197	3,990	369	147	516	224	66	290	2,795	1,184	3,979



## TREATMENT OF TUBERCULOSIS.

The following consolidated return shows the work of all the dispensaries during the year 1936; succeeding tables give an outline of the work of individual dispensaries. It will be observed that of 1,154 new cases (including contacts) examined, 324 were definitely tuberculous; 201 cases were written off the dispensaries' registers as recovered, and 149 died. At the end of the year 1,600 definite cases of tuberculosis were on the dispensaries' registers.

TUBERCULOSIS SCHEME  
OF THE NORTHUMBERLAND COUNTY COUNCIL.

## RETURN SHOWING THE WORK OF THE DISPENSARIES DURING THE YEAR 1936.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY				TOTAL.				GRAND TOTAL.	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
—NEW CASES examined during the year (excluding contacts):														
(a) Definitely tuberculous ...	94	81	30	21	12	11	29	16	106	92	59	37	} 807	
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	14	12	8	9		
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	139	126	104	101		
—CONTACTS examined during the year :—														
(a) Definitely tuberculous ...	8	7	6	6	...	...	1	2	8	7	7	8	} 347	
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	3	4	2	5		
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	42	67	94	100		
—CASES written off the Dispensaries' Registers as :—														
(a) Recovered ...	35	48	32	23	1	5	40	17	36	53	72	40	} 987	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensaries' Registers as tuberculous)...	...	...	...	...	...	...	...	...	187	200	197	202		
—NUMBER OF CASES on Dispensaries' Registers on December 31st :—														
(a) Definitely tuberculous ...	468	378	209	196	42	49	140	118	510	427	349	314	} 1,641	
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	12	10	7	12		

1. Number of cases on Dispensaries' Registers on January 1st ... 1,737
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... 82
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" 196
4. Cases written off during the year as Dead (all causes) ... 149
5. Number of attendances at the Dispensaries (including Contacts) 4,171
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ... 302
7. Number of consultations with medical practitioners :—
  - (a) Personal ... 156
  - (b) Other ... 2,375



8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ... ..	371
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ... ..	8,209
10. Number of :—	
(a) Specimens of sputum, etc., examined... ..	721
(b) X-ray examinations made in connection with Dispensary work ... ..	875
11. Number of "Recovered" cases restored to Dispensaries' Registers, and included in A (a) and A (b) above... ..	5
12. Number of "T.B. plus" cases on Dispensaries' Registers on December 31st ... ..	450

*Shelters for Domiciliary Treatment of Tuberculosis.*—Portable sleeping shelters are provided and maintained by the County Council for the use of patients who are residing at home.

These shelters are distributed on the recommendation of the Tuberculosis Officer ; 52 are available, most of which are in regular use.

NUMBER OF DISPENSARIES FOR THE TREATMENT OF TUBERCULOSIS  
(EXCLUDING CENTRES USED ONLY FOR SPECIAL FORMS OF TREATMENT).

Provided by the Council... ..	5
Provided by Voluntary Bodies ... ..	Nil

RETURN SHOWING THE WORK OF THE ASHINGTON DISPENSARY  
DURING THE YEAR 1936.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts) :—			
(a) Definitely tuberculous ... ..	99	33	132
(b) Diagnosis not completed ... ..	—	—	4
(c) Non-tuberculous... ..	—	—	230
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous ... ..	10	1	11
(b) Diagnosis not completed ... ..	—	—	2
(c) Non-tuberculous... ..	—	—	105
C.—CASES written off the Dispensary Register as :—			
(a) Recovered ... ..	49	24	73
b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ... ..	—	—	335
D.—NUMBER OF CASES on Dispensary Register on December 31st :—			
(a) Definitely Tuberculous ... ..	457	132	589
(b) Diagnosis not completed ... ..	—	—	6

1. Number of cases on Dispensary Register on January 1st... ..	602
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... ..	17
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... ..	48

4. Cases written off during the year as Dead (all causes) ... ..	52
5. Number of attendances at the Dispensary (including contacts)...	1,417
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above... ..	1
7. Number of "T.B. plus" cases on Dispensary Register on December 31st ... ..	137

RETURN SHOWING THE WORK OF THE BLYTH DISPENSARY  
DURING THE YEAR 1936.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
<b>A.—NEW CASES examined during the year (excluding contacts):—</b>			
(a) Definitely tuberculous ... ..	26	9	35
(b) Diagnosis not completed ... ..	—	—	20
(c) Non-tuberculous... ..	—	—	46
<b>B.—CONTACTS examined during the year:</b>			
(a) Definitely tuberculous ... ..	3	1	4
(b) Diagnosis not completed ... ..	—	—	3
(c) Non-tuberculous... ..	—	—	40
<b>C.—CASES written off the Dispensary Register as:—</b>			
(a) Recovered ... ..	22	8	30
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ... ..	—	—	91
<b>D.—NUMBER OF CASES on Dispensary Register on December 31st:—</b>			
(a) Definitely tuberculous ... ..	160	41	201
(b) Diagnosis not completed ... ..	—	—	13

1. Number of cases on Dispensary Register on January 1st... ..	240
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... ..	11
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... ..	34
4. Cases written off during the year as Dead (all causes) ... ..	30
5. Number of attendances at the Dispensary (including contacts)...	646
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above... ..	1
7. Number of "T.B. plus" cases on Dispensary Register on December 31st ... ..	63

RETURN SHOWING THE WORK OF THE HEXHAM DISPENSARY  
DURING THE YEAR 1936.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts):—			
(a) Definitely tuberculous ...	19	6	25
(b) Diagnosis not completed ...	—	—	4
(c) Non-tuberculous... ..	—	—	51
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous ...	2	—	2
(b) Diagnosis not completed ...	—	—	2
(c) Non-tuberculous... ..	—	—	22
C.—CASES written off the Dispensary Register as:—			
(a) Recovered ... ..	5	3	8
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	77
D.—NUMBER OF CASES on Dispensary Register on December 31st:—			
(a) Definitely tuberculous ...	121	30	151
(b) Diagnosis not completed ...	—	—	4

1. Number of cases on Dispensary Register on January 1st... ..	167
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... ..	16
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... ..	40
4. Cases written off during the year as Dead (all causes) ... ..	9
5. Number of attendanees at the Dispensary (including contacts)... ..	352
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above... ..	—
7. Number of "T.B. plus" cases on Dispensary Register on December 31st ... ..	50

RETURN SHOWING THE WORK OF THE NEWBURN DISPENSARY  
DURING THE YEAR 1936.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts):—			
(a) Definitely tuberculous ...	11	2	13
(b) Diagnosis not completed ...	—	—	3
(c) Non-tuberculous... ..	—	—	27
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous ...	2	1	3
(b) Diagnosis not completed ...	—	—	1
(c) Non-tuberculous... ..	—	—	12



DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
C.—CASES written off the Dispensary Register as :—			
(a) Recovered ... ..	8	11	19
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	39
D.—NUMBER OF CASES on Dispensary Register on December 31st :—			
(a) Definitely tuberculous ...	114	54	168
(b) Diagnosis not completed ...	—	—	4

1. Number of cases on Dispensary Register on January 1st...	191
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	5
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	17
4. Cases written off during the year as Dead (all causes) ...	8
5. Number of attendances at the Dispensary (including contacts)...	341
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above...	—
7. Number of "T.B. plus" cases on Dispensary Register on December 31st ...	36

RETURN SHOWING THE WORK OF THE WALLSEND DISPENSARY  
DURING THE YEAR 1936.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts) :—			
(a) Definitely tuberculous ...	71	18	89
(b) Diagnosis not completed ...	—	—	12
(c) Non-tuberculous... ..	—	—	116
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous ...	10	—	10
(b) Diagnosis not completed ...	—	—	6
(c) Non-tuberculous... ..	—	—	124
C.—CASES written off the Dispensary Register as :—			
(a) Recovered ... ..	54	17	71
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	244
D.—NUMBER OF CASES on Dispensary Register on December 31st :—			
(a) Definitely tuberculous ...	399	92	491
(b) Diagnosis not completed ...	—	—	14

1. Number of cases on Dispensary Register on January 1st...	537
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	33
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	57
4. Cases written off during the year as Dead (all causes) ...	50
5. Number of attendances at the Dispensary (including contacts)...	1,415
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above...	3
7. Number of "T.B. plus" cases on Dispensary Register on December 31st ...	164

The tables opposite this page show in summary form the condition of all patients whose records are in the possession of the Dispensaries and, before studying these, the following notes on classification, etc., should be read :—

Patients diagnosed as suffering from *Pulmonary Tuberculosis* are placed in the following categories :—

*Class T.B. minus*, viz., cases in which tubercle bacilli have never been demonstrated in the sputum, pleural fluid, faeces, etc.

*Class T.B. plus*, viz., cases in which tubercle bacilli have at any time been found. It should be noted that a patient originally in Class T.B. minus must be transferred to Class T.B. plus at any stage in the course of treatment if and when tubercle bacilli are found ; while, on the other hand, a patient who is once placed in Class T.B. plus can never revert to Class T.B. minus.

*Class T.B. plus* is further subdivided into three groups as follows :—

*Group 1.*—Cases with slight constitutional disturbance, if any, e.g., there should not be marked acceleration of pulse nor elevation of temperature except of very transient duration ; gastro-intestinal disturbance or emaciation, if present, should not be excessive.

The obvious physical signs should be of very limited extent as follows :—Either present in one lobe only and in the case of an apical lesion of one upper lobe not extending below the second rib in front or not exceeding an equivalent area in any one lobe ; or where these physical signs are present in more than one lobe they should be limited to the apices of the upper lobes and should not extend below the clavicle and the spine of the scapula.

No complication (tuberculous or other) of prognostic gravity should be present. A small area of dry pleurisy does not exclude a case from this group.

*Group 3.*—Cases with profound systemic disturbance or constitutional deterioration, with marked impairment of function either local or general, and with little or no prospect of recovery.

All cases with grave complications (e.g., diabetes, tuberculosis of intestine, etc.), whether those complications are tuberculous or not, are classified in this group.

*Group 2.*—All cases which cannot be placed in Groups 1 and 3. Patients suffering from Non-pulmonary Tuberculosis are classified according to the site of the lesion as follows :—

- (1) Tuberculosis of bones and joints.
- (2) Abdominal Tuberculosis (i.e., tuberculosis of peritoneum, intestines or mesenteric glands).
- (3) Tuberculosis of other organs.
- (4) Tuberculosis of peripheral glands.

Patients suffering from multiple lesions are classified in one subgroup only, viz., in that applicable to the case which stands highest in the immediately preceding list.



(I.) PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1936 of all patients remaining on the Dispensaries' Registers; and (b) the reasons for the removal of all cases written off the Registers. The Table is arranged according to the years in which the patients were first entered on the Dispensaries' Registers as definite cases of pulmonary tuberculosis, and their classification at that time.

[illegible]

## (II.) NON-PULMONARY TUBERCULOSIS

Supplementary Annual Return showing in summary form (a) the condition at the end of 1936 of all patients remaining on the Dispensaries' Registers; and (b) the reasons for the removal of all cases written off the Registers.

[illegible]





The following terms are used to describe the results of treatment :—

“*Quiescent.*”—Cases which have no symptoms of tuberculosis and no signs of tuberculous disease except such as are compatible with a completely healed lesion, and in which sputum, if present, is free from tubercle bacilli.

“*Arrested.*”—Cases in which, if pulmonary, the disease has been “quiescent” for a period of at least two years, or, if non-pulmonary, the disease is “quiescent” and there is reason to believe that it is unlikely to recur.

“*Recovered.*”—Cases in which arrest of the disease has been maintained for at least three years.

### RESIDENTIAL INSTITUTIONS.

NUMBER OF BEDS AVAILABLE FOR THE TREATMENT OF TUBERCULOSIS  
ON THE 31ST DECEMBER, 1936, IN INSTITUTIONS  
BELONGING TO THE COUNCIL.

Name of Institution.	For PULMONARY cases.		For NON-PULMONARY cases.		TOTAL.
	Adults.	Children under 15.	Adults.	Children under 15.	
Wooley Sanatorium, Nr. Hexham ... ..	180	...	4	...	184
<i>Poor Law Institutions.</i> — Dene Street House, Hexham ... ..	6	...	...	...	6

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND  
OBSERVATION DURING THE YEAR 1936 IN INSTITUTIONS (OTHER  
THAN POOR LAW INSTITUTIONS) APPROVED FOR THE  
TREATMENT OF TUBERCULOSIS.

		In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of doubtfully tuberculous cases admitted for observation	Adult M.	8	46	41	2	11
	F.	6	29	32	...	3
	Children	1	83	80	...	4
	TOTAL	15	158	153	2	18
Number of patients suffering from pulmonary tuberculosis.	Adult M.	84	113	98	10	89
	F.	61	100	82	7	72
	Children	57	67	74	...	50
	TOTAL	202	280	254	17	211
Number of patients suffering from non-pulmonary tuberculosis.	Adult M.	...	2	1	...	1
	F.	2	5	7	...	...
	Children	43	58	54	1	46
	TOTAL	45	65	62	1	47
GRAND TOTAL ...		262	503	469	20	276

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT PROVIDED  
DURING THE YEAR 1936, IN POOR LAW INSTITUTIONS FOR  
PERSONS CHARGEABLE TO THE COUNCIL.

		In Insti- tutions on Jan. 1st.	Admitted during the year.	Discharged during the year.	Died in the Insti- tutions.	In Insti- tutions on Dec. 31st.
Number of patients suffering from pulmonary tuberculosis.	Adult Males ...	11	25	18	9	9
	Adult Females	9	16	8	8	9
	Children...	3	4	6	...	1
	TOTAL ...	23	45	32	17	19
Number of patients suffering from non pulmonary tuberculosis.	Adult Males ...	6	9	7	1	7
	Adult Females	3	7	5	2	3
	Children...	6	1	3	...	4
	TOTAL ...	15	17	15	3	14
GRAND TOTAL ...		38	62	47	20	33

RETURN SHOWING THE RESULTS OF OBSERVATION OF DOUBTFULLY  
TUBERCULOUS CASES DISCHARGED DURING THE YEAR 1936  
FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF  
TUBERCULOSIS.

Diagnosis on discharge from observation.	FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						TOTALS.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	...	4	38	14	10	11	...	...	15	1	3	1	15	17	65
Non-tuberculous	4	3	2	24	9	12	...	...	...	...	3	...	28	15	14
Doubtful ..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
TOTALS ...	4	7	40	38	19	24	...	...	15	1	6	1	43	32	80



RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY  
TUBERCULOUS PATIENTS DISCHARGED DURING THE YEAR 1936 FROM  
INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

To the Institution.	Condition at time of discharge.	Duration of Residential Treatment in Institution.															GRAND TOTALS.
		*Under 3 months.			3-6 months			6-12 months.			More than 12 months.			Totals.			
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class T.B. minus.	Quiescent ...	8	2	...	7	3	18	4	6	24	2	3	22	21	14	64	99
	Not quiescent ...	...	3	1	1	2	...	...	4	2	1	...	2	2	9	5	16
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Class T.B. plus Group I.	Quiescent ...	...	...	...	1	...	...	2	...	...	1	...	...	4	...	...	4
	Not quiescent ...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Class T.B. plus Group II.	Quiescent ...	...	...	...	2	1	...	5	...	...	7	6	1	14	7	1	22
	Not quiescent ...	1	2	...	7	...	...	11	4	...	13	11	...	32	17	...	49
	Died in Institution	...	...	...	1	...	...	...	2	...	1	...	...	2	2	...	4
Class T.B. plus Group III.	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1
	Not quiescent ...	5	9	...	6	5	...	8	5	...	4	13	3	23	32	3	58
	Died in Institution	3	...	...	4	...	...	1	2	...	...	1	...	8	3	...	11
1/2	PULMONARY	17	16	1	29	11	18	31	23	26	29	35	29	106	85	74	265
Joints.	Quiescent ...	...	...	1	...	...	3	...	...	6	...	...	8	...	...	18	18
	Not quiescent ...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	1	2
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal.	Quiescent ...	...	1	1	...	1	3	1	...	13	...	...	4	1	2	21	24
	Not quiescent ...	...	1	...	...	...	...	...	1	...	...	...	...	...	2	...	2
	Died in Institution	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1
Organs.	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not quiescent ...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	1	2
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Glands.	Quiescent ...	...	1	...	...	...	7	...	...	2	...	...	3	...	1	12	13
	Not quiescent ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1/2	NON-PULMONARY	...	3	4	...	2	14	1	1	21	...	1	16	1	7	55	63

\* But exceeding 28 days.

REPORT OF THE MEDICAL SUPERINTENDENT,  
WOOLEY SANATORIUM,  
FOR THE YEAR ENDED 31ST DECEMBER, 1936.

During the year under review, 248 patients were discharged from the sanatorium, classified as follows :—

Quiescent	...	...	...	...	...	...	64
Improved	...	...	...	...	...	...	77
No material improvement	...	...	...	...	...	...	47
Died	...	...	...	...	...	...	19
Non-tuberculous	...	...	...	...	...	...	41
							248
							248

This total is again lower than the figure for the previous year, a reflection of the decline in tuberculosis which has been continuous, not only in Northumberland, but in the country generally, for years past.

This steady fall in the number of new cases is reducing the problem of the disease to more manageable proportions and has had a considerable effect on the policy of the sanatorium.

New cases are assured early admission, a great advantage in certain forms of the disease where treatment, particularly collapse therapy promptly applied may make all the difference between a good and a bad result.

Patients, too, can be allowed to stay for prolonged periods. This still remains the basis of successful treatment whatever special measures are applied, and lessens the risk of relapse.

In addition, it has been a matter of policy to make the best possible use of the available beds by keeping them fully occupied. This has been done by admitting and retaining to a greater extent cases that were formerly regarded as unsuitable for a sanatorium, i.e. severe acute types of disease and cases of an advanced chronic nature, and by the re-admission of former patients who had retrogressed.

The removal of these centres of infection from their homes, especially from poor surroundings and where children are present, is an important measure of prevention and should have its influence in maintaining the decline of the disease by lessening the risk of contact infection in the patient's family.

This policy has naturally resulted in a higher proportion of bed cases being under treatment for which the quality of the accommodation is not ideal. The acute wards have a fairly reasonable standard, but the convalescent wards were designed on open-air principles for ambulant patients and are not very suitable for bed cases. Something more in the nature of hospital accommodation is required.

An unfortunately large proportion of the new admissions are in a serious condition.

It is regarded as important in these cases to try out any line of treatment, particularly collapse therapy, that may offer any prospect of amelioration of the patient's condition, even if the chance is only a slender one.

With such material, there are naturally many disappointing results, but in some the results are striking and in others a measure of control of the disease is established with improvement in the general health and considerable prolongation of life.

Active intervention has an important psychological effect on the patient. Apart from the local effect on the disease it provides a mental stimulus and reconciles the individual to a prolonged stay. He feels that something is being done.



This effect is not confined to the individual. The atmosphere of the whole institution is one of greater hope when it is appreciated that all the resources of modern treatment are available.

The following is a good example of a case where a series of procedures were tried to arrest an acute condition. A young woman was admitted with disease of an acute type in the lower lobe of her right lung. The lung was collapsed by an artificial pneumothorax and this was later supplemented by an operation on the phrenic nerve to produce paralysis of the diaphragm on that side. A good "selective" collapse of the lower lobe was obtained, i.e. collapse of the diseased lobe without undue interference with the functioning of the upper healthy part of the lung. She later developed a spread of the disease with a rapidly forming cavity in the upper lobe of the left lung, so artificial pneumothorax was induced on that side as well. The cavity was found to be held out by an adhesion. Thoracoscopy showed that it was suitable for division so it was divided by the electro-cautery and a good selective collapse of the left upper lobe was obtained with complete control of the cavity.

#### *Treatment.*

Treatment was continued on the usual lines of bed rest, graduated exercise and occupational therapy supplemented by collapse therapy in its widest sense, i.e. to include thoracic surgery.

*Sanocrysin* was used in 45 cases.

*Artificial Pneumothorax* was induced in 51 cases, and 2,681 refills were given. 673 refills were given to out-patients who attended here until the end of October, 1936, when the bulk of this work was taken over by Dr. Dickinson of Newcastle-on-Tyne.

Forty patients were transferred. The remainder, 7 in all, from the Hexham area, continued to attend here.

*Bilateral Pneumothorax.*—In ten cases the collapse was made bilateral. This sounds rather a heroic procedure to be resorted to only in desperate cases and in our early cases it was only tried in the serious advanced type of case with correspondingly poor results.

The scope of this procedure has been considerably widened by the operation for the division of adhesions. Frequently collapse of a good selective type is established by the division of adhesions which are holding out a diseased lobe or a cavity and in these circumstances, a flare up on the other side or the extension of existing disease there, may be controlled by the prompt institution of bilateral collapse.

Spread of the disease to the good side is the commonest cause of disappointment when a satisfactory pneumothorax has controlled the original trouble. If withheld too long, a satisfactory bilateral collapse may be impossible owing to the development of widespread adhesions or the thickening of cavity walls.

Such cases obviously require a good deal of careful, individual supervision, but it is frequently astonishing the degree of collapse of both lungs that can be maintained without producing discomfort or breathlessness in the patient. One lad, with a good selective collapse on his right side following adhesion division, developed a cavity in his left lung with a return of his positive sputum. Collapse of the left lung rapidly controlled the condition and abolished his sputum. Prior to his discharge he was working four hours a day on the Pig Farm and he still attends for refills on both sides.



*Thoracic Surgery.*

The following operations were performed during the year :—

Division of adhesions	...	...	...	...	8
Thoracoplasty operations	...	...	...	...	7
Drainage of empyema	...	...	...	...	4
Plombage	...	...	...	...	1

“ *Plombage.*”—As this operation has not previously been tried here a brief description is appended :—

The case was a girl who had a cavity at the apex of her right lung which had persisted unaltered after eighteen months' sanatorium treatment. A portion of the third rib was removed and the upper part of the lung stripped from the chest wall. A large plug consisting of a preparation of paraffin wax was inserted and the diseased part of the lung compressed. The cavity was brought under control and the result to date has been very good.

These operations were carried out as before by Mr. G. A. Mason, F.R.C.S., at the Hexham War Memorial Hospital. Our thanks are due to the Matron and staff of that hospital for their cordial co-operation and their very keen interest in the work. The thoracoplasty cases in particular require very careful nursing and make a heavy demand on the attention of the staff.

Before operation is decided on, each case is carefully considered in consultation with the surgeon, and contrary to what one might expect, the patients require no persuasion to undergo severe operations. They are, on the whole, anxious to try any procedure recommended that offers the chance of a cure.

The scope of surgery in treatment is increasing and will increase for some time yet.

The provision of an operating theatre at the sanatorium would be a forward step.

In sanatorium surroundings convalescence is more rapid. Our Hexham patients are always anxious to get back to Wooley as soon as possible as they find a hospital “ stuffy ” after an open air institution.

*X-ray.*

1,294 X-ray photographs were taken during the year. 543 for patients in the sanatorium and 751 for out-patients sent from the dispensaries by the Tuberculosis Officer.

An important improvement in the service was made when the out-patient work—exclusive of the Hexham area—was handed over to Dr. Dickinson.

Routine weekly screening of the pneumothorax cases was carried out as usual and even more frequently in bi-lateral cases.

Out-patients were screened as they attended for their refills.

*Laboratory.*

1,210 Microscopic examinations of the sputum were made. Cultures were made from the sputum and pleural effusions in 33 cases.

The laboratory facilities are still unsatisfactory.

*Average Duration of Stay.*

The average period of treatment, compared with previous years, was as follows :—

1933. Days.	1934. Days.	1935. Days.	1936. Days.
223.80	250.10	228.60	248.67 Male.
192.30	246.30	221.30	301.68 Female.

*Occupations.*

The occupations of the patients discharged were as follows :—

*Male.*

Bath Attendant ... ..	1	Lampman (Mines) ... ..	1
Book Agent ... ..	1	Miner... ..	58
Blacksmith ... ..	1	Motor Driver ... ..	1
Bricklayer ... ..	1	Mental Attendant ... ..	2
Beltman ... ..	1	Mechanic ... ..	1
Boilermaker ... ..	1	Market Gardener ... ..	1
Boot Repairer ... ..	1	Naval Scaman ... ..	1
Checkweighman ... ..	1	Plasterer ... ..	2
Club Steward ... ..	1	Plumber ... ..	2
Coal Sampler ... ..	1	Pianist ... ..	1
Clerk ... ..	2	Road Worker ... ..	1
Carpenter ... ..	1	Radio Operator (R.N.) ... ..	1
Draughtsman ... ..	1	Showman ... ..	1
Fireplace Moulder ... ..	1	Shop Assistant ... ..	1
Fish Hatchery Attendant... ..	1	Salesman ... ..	2
Farm Labourer ... ..	1	School Boy ... ..	2
Fitter... ..	2	School Teacher ... ..	1
French Polisher ... ..	1	Storekeeper ... ..	1
Fruit Hawker ... ..	1	Stonemason ... ..	1
Gardener ... ..	1	Soldier ... ..	1
Grocer ... ..	1	Shipyard Labourer ... ..	1
Groundsman... ..	1	Traveller ... ..	3
Hairdresser ... ..	2	Turner ... ..	1
Horsekeeper ... ..	1	Welder ... ..	1
Joiner ... ..	3	None ... ..	2
Insurance Inspector ... ..	1		
Labourer ... ..	15	Total ... ..	136

*Female.*

Bakeress ... ..	1	Machinist ... ..	1
Children's Nurse ... ..	1	Mental Nurse ... ..	1
Clerk ... ..	1	Nurse... ..	1
Domestic ... ..	24	Ropemaker ... ..	1
Dressmaker ... ..	2	Shop Assistant ... ..	6
Factory Hand ... ..	2	School Girl ... ..	1
Housewife ... ..	39	School Teacher ... ..	2
Home... ..	23	Tailoress ... ..	1
Hairdresser ... ..	2		
Landworker ... ..	1	Total ... ..	112
Laundress ... ..	2		

*Wooley Settlement.*

An important development was the erection of a large Workshop for the Woodworking Department, and plans were put in hand for the erection of a suitable Hostel for the Settlers.

## COUNTY LABORATORY, 1936.

The total number of reports furnished on specimens submitted for examination during the year was 13,720. Table I. indicates the nature of the specimens and a summary of the results.

TABLE I.

1.—*Tuberculosis.*

1,468	Specimens of sputum.	216 (14.7%) positive.
15	„ pus.	2 positive.
8	„ urine.	3 „
3	„ faeces.	1 „
11	„ bovine sputum.	9 „
1	Swab from sinus of leg.	
1	Specimen of “granulation tissue.”	

2.—*Diphtheriae, etc.*

7,398	Swabs from throat, nose, etc., for B.Diph.	1,381 (18.6%) positive.
870	„ „	Haem. Strep. 168 positive.
12	„ „	Vincent's organisms.
32	„ „	Isolation of B.Diph. and Virulence test. 21 positive.

3.—*Enteric—Dysentery, etc.*

99 Specimens of blood for agglutination reactions. The following positive reactions were obtained :—B.Typhosus, 8 ; B.Paratyphosus B., 7 ; Br. Abortus, 7.

112 Specimens of faeces. The following organisms were isolated :—  
B.Typhosus, 1 ; B.Paratyphosus B., 10 ; B.Dysenteriae Sonne, 6 ; B. Morgan, 6 ; B.Enteritidis Gaertner, 1 ; B.Aertrycke, 2.

7 Specimens of urine. B.Paratyphosus B. was isolated from 2 specimens.

4.—*Meningitis.*

10 Specimens of cerebro-spinal fluid. (B.Tuberculosis, 2).  
47 Post-nasal swabs for meningococci.

5.—*Venereal Diseases.*

173	Specimens of blood for Wassermann reaction.	34 positive.
93	„ blood for Flocculation test.	11 positive.
1	„ cerebro-spinal fluid for W.R.	
3	„ blood for Gonococcal C.F.T.	
59	Smears for Gonococci.	
2	Urines for Gonococci.	

6.—*Miscellaneous Pathological Specimens.*

Pleural fluids, 6 ; urines, 21 ; blood cultures, 5 ; cyst fluid, 1 ; faeces for entamoebae, 1 ; faeces for occult blood, 3 ; faeces for Bilharzia ova, 1 ; swab from prepuce, 1 ; blood film for malaria, 1 ; teeth, 1 ; bone manure for B.Anthraxis, 1 ; milk for Br.Abortus, 2 ; milk for B.Typhosus, 2.

7.—*Milk.*

(a)	samples for bacterial count and B.coli.	1,172
(b)	„ methylene blue reduction test.	120
(c)	„ B.Tuberculosis :—	
	(1) Micro examinations.	364 (39 positive).
	(2) Biological tests.	1,548 (117 positive).



## 8.—Water.

45 Samples were examined for bacterial count and B.Coli.

Table II. shows the number of certain pathological specimens received from the various administrative districts in the County.

TABLE II.

District.			Sputa for B. Tuberculosis.			Swabs for B. Diphtheriae.			Bloods for Agglutination.			Mis- cella- neous.	TOTAL
			+	—	Total.	+	—	Total.	+	—	Total.		
<i>Boroughs.</i>													
Berwick	...	...	5	20	25	12	38	50	—	—	—	6	81
Blyth	...	...	30	111	141	113	225	338	2	3	5	13	497
Morpeth	...	...	6	33	39	3	33	36	1	3	4	6	85
Wallsend	...	...	22	176	198	76	186	262	2	3	5	82	547
<i>Urban Districts.</i>													
Alnwick	...	...	8	26	34	47	122	169	2	1	3	21	227
Amble	...	...	5	12	17	2	16	18	—	—	—	—	35
Ashington	...	...	15	105	120	204	289	493	—	6	6	95	714
Bedlington	...	...	14	123	137	30	195	225	2	8	10	5	377
Gosforth	...	...	12	57	69	44	312	356	2	—	2	33	460
Hexham	...	...	5	43	48	52	191	243	1	3	4	25	320
Longbenton	...	...	12	47	59	33	134	167	1	—	1	9	236
Newbiggin	...	...	3	59	62	47	102	149	—	3	3	42	256
Newburn	...	...	10	96	106	16	34	50	1	2	3	5	164
Prudhoe	...	...	3	13	16	24	106	130	—	2	2	59	207
Seaton Valley	...	...	12	49	61	21	238	259	1	4	5	3	328
Whitley & Monkseaton			17	104	121	40	433	473	—	4	4	64	662
<i>Rural Districts.</i>													
Alnwick	...	...	6	25	31	18	43	61	1	1	2	5	99
Belford	...	...	1	4	5	12	13	25	—	1	1	9	40
Bellingham	...	...	3	8	11	15	90	105	—	—	—	1	117
Castle Ward	...	...	5	17	22	48	613	661	1	5	6	488	1,177
Glendale	...	...	2	5	7	4	13	17	—	1	1	9	34
Haltwhistle	...	...	1	6	7	—	2	2	—	—	—	2	11
Hexham	...	...	8	43	51	79	396	475	4	15	19	115	660
Morpeth	...	...	10	51	61	7	63	70	2	8	10	16	157
Norham & Islandshires	...	...	—	9	9	—	3	3	—	—	—	6	18
Rothbury	...	...	1	5	6	8	28	36	—	1	1	7	50
Forest Hall Hosp.	...	...	—	—	—	347	1,840	2,187	—	—	—	12	2,199
Lemington Hosp.	...	...	—	1	1	79	249	328	—	—	—	13	342
Others	...	...	—	4	4	—	10	10	—	2	2	13	29
Veterinary Department			—	—	—	—	—	—	—	—	—	11	11
			216	1,252	1,468	1,381	6,017	7,398	23	76	99	1,175	10,140

*Milk Samples for B. Tuberculosis.*

A total of 1,587 samples were submitted for examination, 1,205 were samples of bulk milk collected by various local authorities in the County. All were examined by biological test, the results being as follows :—Positive, 74 (6.1%); negative, 1,121; inconclusive, 10.

The following were included among the bulk samples :—

	Number.	Number Positive.
Certified milk ... ..	2	—
Grade "A.TT" ... ..	15	1
Tuberculin tested } ... ..		
Grade "A." ... ..	535	12
Accredited } ... ..		
Pasteurised ... ..	4	—
Sterilised ... ..	2	—
School milks ... ..	45	2

The districts in which the various samples were collected are shown in Table III. (page 50).

TABLE III.  
*Bulk Milk Samples for B.Tuberculosis.*

District.	Inconclusive.	Positive.	Negative.	TOTAL.
Berwick ... ..	...	...	5	5
Blyth ... ..	...	...	3	3
Wallsend ... ..	1	3	24	28
Amble ... ..	...	...	10	10
Ashington... ..	1	5	55	61
Bedlington ... ..	...	5	50	55
Gosforth ... ..	...	...	20	20
Longbenton ... ..	...	8	38	46
Newbiggin ... ..	...	1	26	27
Newburn ... ..	1	7	73	81
Seaton Valley ... ..	2	11	90	103
Whitley & Monkseaton...	3	15	181	199
Alnwick Rural ... ..	...	3	62	65
Belford ... ..	...	1	5	6
Castle Ward ... ..	1	5	103	109
Glendale ... ..	...	...	18	18
Haltwhistle ... ..	...	...	5	5
Hexham Rural ... ..	1	8	238	247
Morpeth Rural ... ..	...	2	95	97
Norham & Islandshires...	...	...	9	9
Rothbury Rural ... ..	...	...	11	11
	10	74	1,121	1,205

382 Samples were submitted by the County Veterinary Department ; 39 of these proved positive on microscopic examination and were not further investigated. The remaining 343 were examined by biological test as a result of which a further 43 samples were found to be positive.

*Milk Samples Examined for Total Count and B.Coli.*

The total number examined was 1,172, 434 were ordinary milks, 730 were designated milks, and the remaining 8 were described as sterilised.

Table IV. shows the districts from which the samples were received.

TABLE IV.  
*Milk Samples for Count and B.Coli.*

District.	Ordinary.	Certified.	Grade "A.T.T." and Tuberculin Tested.	Grade "A." and Accredited.	Pasteurised.	Sterilised.	TOTAL.
Berwick ... ..	3	...	2	2	...	...	7
Blyth ... ..	3	...	48	2	...	...	53
Morpeth ... ..	3	...	...	...	...	...	3
Wallsend ... ..	27	...	8	7	4	...	46
Alnwick ... ..	...	...	...	1	...	...	1
Ashington ... ..	8	...	6	...	1	...	15
Amble... ..	4	...	13	10	...	...	27
Bedlington ... ..	43	...	1	7	1	...	52
Gosforth ... ..	7	...	...	11	...	...	18
Longbenton ... ..	9	...	1	3	2	...	15
Newbiggin ... ..	23	...	...	5	...	...	28
Newburn ... ..	10	1	4	22	5	8	50
Seaton Valley ... ..	79	...	...	27	1	...	107
Whitley & Monkseaton	179	2	12	11	1	...	205
Alnwick R.D. ... ..	11	...	9	52	...	...	72
Belford ... ..	2	...	...	6	...	...	8
Bellingham ... ..	1	...	...	...	...	...	1
Castle Ward ... ..	1	...	...	116	...	...	117
Glendale ... ..	4	...	...	15	...	...	19
Haltwhistle ... ..	...	...	...	5	...	...	5
Hexham R.D. ... ..	5	...	12	161	...	...	178
Morpeth R.D. ... ..	8	...	...	99	...	...	107
Norham & Islandshires	3	...	...	4	...	...	7
Rothbury R.D. ... ..	...	...	...	14	...	...	14
Bishop Auckland ... ..	...	3	13	...	...	...	16
Education Dept. ... ..	1	...	...	...	...	...	1
	434	6	129	580	15	8	1,172

The results of the examination of the samples were as follows :—

Classification.	Complied with standard.	Did not comply.		TOTAL.
		Number.	Per cent.	
Certified	6	...	...	6
Grade "A.TT." ... ..	26	...	...	26
Tuberculin Tested	75	28	27.1	103
Grade "A." ... ..	198	25	11.2	223
Accredited	306	51	14.3	357
Pasteurised	15	...	...	15
Ordinary ... ..	*353	81	18.6	434
	979	185	15.9	1,164

\* With standard for Grade "A." and Accredited Milk.

School Milks included in above... \* 26                      12                      31.6                      38

With regard to the 8 samples of "sterilised" milk, none contained B.Coli in quantities of 1.0 c.c. or less and the bacterial count was recorded as "Nil."

*Milk Samples Examined by the Methylene Blue Reduction Test.*

120 Samples were submitted for examination by the following Authorities :—

Gosforth ... ..	28 samples.
Longbenton ... ..	29 "
Newburn ... ..	63 "

*Water Samples.*

45 Samples were submitted for examination. The results are shown in the following table :—

Sample submitted by :	Number of Samples.	Classification.		
		I.	II.	III.
Ashington... ..	1	1	...	...
Longbenton ... ..	1	...	1	...
Newbiggin... ..	5	5	...	...
Alnwick Rural ... ..	9	6	2	1
Belford ... ..	1	1	...	...
Bellingham ... ..	3	2	...	1
Castle Ward ... ..	5	3	1	1
Glendale ... ..	3	3	...	...
Haltwhistle ... ..	1	1	...	...
Hexham Rural ... ..	4	3	...	1
County Medical Officer...	8	8	...	...
County Architect ... ..	3	1	...	2
County Land Agent ... ..	1	1	...	...
	45	35	4	6

FOOD INSPECTION.

*Milk and Dairies (Consolidation) Act, 1915.*

The examination of milk samples from the dairy herds within the County for the purpose of detecting cows infected with tuberculosis has been continued during the year.

Samples are collected at the farms by the County Health Inspectors, and also by District Sanitary Inspectors, and examined at the County laboratory at Newburn-on-Tyne.



When a sample is found to contain tubercle bacilli, a clinical examination of the herd concerned is carried out by the Chief Veterinary Inspector, and any animal showing suspicious symptoms is isolated and further tests carried out.

During the year 1936, the number of samples examined was 1,253, and the number found to be infected was 75.

The number of cows slaughtered in consequence was 44, this being the highest figure recorded since the inception of the scheme in 1927.

A separate table is appended (opposite this page) showing the work done in this direction from the commencement, from which will be seen that the total number of samples collected is 4,695, of which 258 have proved to be infected with tuberculosis.

A summary is also appended, which shows the percentage of herds found to be giving infected milk, and also the percentage of tubercular cows for each separate year, 1928 to 1936.

*Milk (Special Designations) Orders, 1923 and 1936.*

The number of licenses in operation in the County during the year under the provisions of the above Orders was :—

“ Certified ”—5.

“ Tuberculin tested ”—15.

“ Accredited ”—152.

The holders were as follows :—

“ Certified ” :—

Eshott Pedigree Stock Farms, Eshott Home Farm, Felton.  
C. S. Richardson, Wheelbirks Jersey Farm, Stocksfield.  
D. H. Sanderson, The Birks, Stamfordham.  
J. J. Phillipson, Bishop Field, Allendale.  
M. Jordan, Whorlton Hall Farm, Westerhope.

“ Tuberculin tested ” :—

J. S. V. Harrison, Pia Troon, Allendale.  
A. B. Howie, Eshott Brocks, Felton.  
Mrs. Runciman, Doxford Hall Home Farm, Chathill.  
W. Davison, Morwick Mill, Warkworth.  
C. H. Sanderson, Newlands, Belford.  
T. J. Hemsley, Woodside Farm, Red Row, Morpeth.  
Eshott Pedigree Stock Farm, North East Houses, Felton.  
R. Douglas, Ashington Farm, Ashington.  
R. Armstrong, Bowsden Hall, Berwick-on-Tweed.  
G. Y. McNay, Morwick, Warkworth.  
Walwick Grange Dairy Co., Humshaugh.  
J. E. Jordon, Old Moor Longhirst, Morpeth.  
J. E. Jordon, Red House Farm, New Hartley, Seaton Delaval.  
W. Miller, Hobberlaw, Alnwick.  
W. Robson, Low Horton

“ Accredited ” :—

1. C. H. Dickie, Wooperton Farm, Northumberland.
2. D. B. Cocks, Bridge End Farm, Wooler.
3. J. H. Patterson & Sons, Cottage Farm, Wooler.
4. G. H. Davidson, Galagate House, Norham-on-Tweed.
5. H. Hunter & Sons, Sionside, Belford.
6. R. Urwin, Blue Bell Farm, Belford.
7. C. I. C. Bosanquet, Rock Farm, Alnwick.
8. T. F. Shell, Denwick Lane End, Alnwick.

NORTHUMBERLAND COUNTY COUNCIL.

(MILK AND DAIRIES (CONSOLIDATION) ACT, 1915. S.S.) (MILK AND DAIRIES ORDER, 1926. PART IV.)

ROUTINE MILK SAMPLING—1927 (Oct.) to 1936 (Dec.).

Sanitary Districts.	Latest available figures.		1927 to 1935 (inclusive).			1936.			TOTAL.		
	No. of Cow-keepers.	No. of Cows kept.	No. of Samples.	No. found to contain Tub. Bac.	No. of Cows slaughtered in consequence	No. of Samples.	No. found to contain Tub. Bac.	No. of Cows slaughtered in consequence	No. of Samples.	No. found to contain Tub. Bac.	No. of Cows slaughtered in consequence
<i>Municipal Boroughs.</i>											
1. Berwick-on-Tweed	47	182	48	1	1	6	...	...	54	1	1
2. Blyth	15	197	51	1	...	3	...	...	54	1	...
3. Morpeth	8	80*	2	...	...	3	...	...	5	...	...
4. Wallsend	12	166	16	2	5	8	...	4	24	2	9
<i>Urban Districts.</i>											
5. Alnwick	16	119	36	1	...	4	...	...	40	1	...
6. Amble	7	142	22	...	...	11	...	...	33	...	...
7. Ashington	11	161	129	2	2	70	...	...	199	7	2
8. Bedlington	45	559	236	16	9	56	...	...	292	23	16
9. Gosforth	5	118	19	1	1	21	...	...	40	1	1
10. Hexham	28	260	59	2	1	...	...	...	59	2	1
11. Longbenton	20	422	131	6	1	45	...	...	176	14	2
12. Newbiggin-by-Sea	5	103	67	2	...	27	...	...	94	3	2
13. Newburn	17	299	273	18	13	87	...	...	360	25	20
14. Prudhoe	26	254	44	3	1	...	...	...	44	3	1
15. Seaton Valley...	34	420	165	22	18	108	...	...	273	35	25
16. Whitley and Monkseaton	11	143	365	10	6	214	...	...	579	24	8
<i>Rural Districts.</i>											
17. Alnwick	116	1,100*	107	1	1	59	...	...	166	4	4
18. Belford...	23	314	53	...	...	7	...	...	60	1	1
19. Bellingham	31	135	31	...	...	...	...	...	31	...	...
20. Castle Ward	110	2,520	159	9	6	119	...	...	278	15	9
21. Glendale	25	200	64	1	...	19	...	...	83	1	...
22. Haltwhistle	53	547	54	2	1	5	...	...	59	2	1
23. Hexham	596	5,100	874	52	32	260	...	...	1,134	60	37
24. Morpeth	116	1,240*	340	31	22	100	...	...	440	33	24
25. Norham and Islands.	32	222	68	...	...	8	...	...	76	...	...
26. Rothbury	10	164	29	...	...	13	...	...	42	...	...
Total	1,419	15,167	3,442	183	120	1,253	75	44	4,695	258	164

\* approx.

SUMMARY OF EXAMINATIONS OF MILK SAMPLES FOR TUBERCULOSIS FROM HERDS WITHIN THE COUNTY, FROM OCT., 1927, TO DEC., 1936.

Period.	No. of Samples Collected	No. of Cows represented.	% of Cows in County Tested.	No. of Herds represented.	% of Herds Tested.	No. of Samples found to be infected.	% of Herds giving infected Milk.	% of Cows found to be Tubercular.	No. of Cows slaughtered in consequence.
Oct., 1927, to Dec. 31st, 1928	(1) 318	(2) 2,872	(3) 23.50	(4) 227	(5) 16.3	(6) 10	(7) 4.27	(8) 0.52	(9) 15
Jan., 1929, to Dec. 31st, 1929	242	2,104	16.00	190	13.4	12	5.26	0.57	8
Jan., 1930, to Dec. 31st, 1930	277	2,073	15.80	211	15.14	18	5.68	0.62	13
Jan., 1931, to Dec. 31st, 1931	207	1,676	12.10	161	11.54	*10	3.72	0.17	3
Jan., 1932, to Dec. 31st, 1932	455	3,587	25.90	342	24.51	**15	3.21	0.16	6
Jan., 1933, to Dec. 31st, 1933	428	4,964	35.83	362	25.94	†29	7.18	0.28	14
Jan., 1934, to Dec. 31st, 1934	587	†5,800	39.23	497	34.40	41	6.84	0.12	28
Jan., 1935, to Dec. 31st, 1935	928	†8,890	...	889	...	46	4.04	0.37	33
Jan., 1936, to Dec. 31st, 1936	1,253	†12,500	...	1,253	...	75	5.98	0.35	44

† Approx.

\* 8 herds.

\*\* 11 herds.

† 26 herds.

|| 34 herds.





“ Accredited ” (Continued) :—

9. A. J. W. Thompson, Silvermoor, Alnwick.
10. A. & E. Forster, Hope House, Alnwick.
11. J. K. Woodcock, Greensfield Moor, Alnwick.
12. T. Fisher, Home Farm, Newton/Moor, Morpeth.
13. W. Oliver, Lemington Hill Head, Alnwick.
14. L. Farr, Wooden Farm, Alnmouth.
15. J. Shell, Waterside House, Alnmouth.
16. T. Coultherd, Bankhouse Farm, Acklington.
17. R. English, Dene House, Alnmouth.
18. J. Forsyth, Hope House, Amble.
19. J. D. Forsyth, Gloster Hill, Amble.
20. Mrs. M. Forsyth & Son, Old Barns, Warkworth.
21. W. Dobson, Snitter Mill, Thropton, Morpeth.
22. G. McKenzie, Whitton Glebe, Rothbury.
23. S. Charleton, West Row, Lonframlington.
24. G. Jackson, Earsdon West Farm, Morpeth.
25. G. Johnson, Heighley Gate, Morpeth.
26. M. Brown, West Lane End, Morpeth.
27. C. Alderson, East Chevington, Morpeth.
28. J. Jobson & Sons, North Broomhill Farm, Morpeth.
29. A. L. English, Low Coldrife Farm, Broomhill.
30. J. Moore, Togston Terrace, Broomhill.
31. T. W. Bell, West Chevington, Morpeth.
32. A. Luke, South East House, Eshott, Felton.
33. W. Taylor, West Moor, Felton.
34. A. Robson & Sons, West Howdens, Morpeth.
35. W. B. Hemsley, Bockenfield, Morpeth.
36. J. Pringle, Tritlington West Farm, Morpeth.
37. J. Craigs, Tritlington Hall, Morpeth.
38. A. L. Tait, West Stobswood, Morpeth.
39. J. Hall, South Steads, Widdrington.
40. G. F. Mole, Grange Moor Farm, Widdrington.
41. North Seaton Dairy, Newbiggin-by-the-Sea.
42. A. Todd, Mill Farm, Ellington.
43. J. Craigs, Potland Farm, Ashington.
44. C. H. Watson, Old Moor Middle Steads, Longhirst.
45. J. N. Hine, Old Moor Steads, Widdrington.
46. Mrs. A. Moore, Longhirst Farm, Morpeth.
47. O. McBryde & Son, Pegswood Moor, Morpeth.
48. W. C. Angus, Climbing Tree, Morpeth.
49. J. S. Hudson, Stobhill Farm, Morpeth.
50. A. Bertram, West Farm, Nedderton, Newcastle upon Tyne.
51. C. H. Fail, South Farm, Nedderton, Newcastle upon Tyne.
52. H. Bell, East Hartford, Cramlington.
53. H. & R. P. Bell, Laverock Hall, Cramlington.
54. M. A. Wilson & Sons, Park Farm, Newsham.
55. H. R. Bell, The Tilery, Cramlington.
56. Hartley Main Collieries, Ltd., Wheatridge Farm, Seaton Delaval.
57. J. A. Jackson, Strother Farm, Holywell Village.
58. F. A. Jackson, Holywell Bank Top, Seaton Delaval.
59. J. Younger, Mares Close Farm, Seghill.
60. W. Y. & J. Younger, Burradon Farm, Dudley.
61. A. F. Moralee, Fawdon Red House, Fawdon, Gosforth.
62. J. Hudspeth, North Brunton Farm, Gosforth.
63. J. A. E. Davies, Middle Brunton, Gosforth.
64. S. E. Fairbairn, West Brunton, Gosforth.
65. J. W. Moscrop, East Brenkley, Seaton Burn.
66. B. C. Hatton, Prestwick Whins, Ponteland.
67. N. Woodcock, West House Farm, Stannington.
68. A. Harrison, Woodside, Stannington.

“ Accredited ” (Continued) :—

69. E. Charlton, Chapel House Farm, Walbottle.
70. R. A. Arthur, Hill Head Farm, Westerhope.
71. J. Moorhouse, West Denton Farm, Lemington-on-Tyne.
72. J. Wright, Dumpling Hall Farm, Scotswood.
73. J. J. Hall, East Benton Farm, Newcastle upon Tyne.
74. F. E. Day, Willington Farm, Willington-on-Tyne.
75. T. E. Oliver, Eastern Way, Darras Hall, Ponteland.
76. W. H. Stephenson, Eland Green, Ponteland.
77. R. D. Irwin, Kirkley Hall Farm, Ponteland.
78. J. B. Ralph, Ogle Castle, Ponteland.
79. F. & J. R. Trobe, The Roguery Farm, Whalton.
80. H. Alder, Woodhill, Ponteland.
81. P. Charleton, East House, Dalton.
82. W. Herdman, Dissington Red House, Dalton.
83. R. Alder, Milbourne, Newcastle upon Tyne.
84. S. M. Johnson, Milbourne Grange, Ponteland.
85. R. L. Jobling, junr., Higham Dykes, Milbourne, Newcastle.
86. E. Bolam & Sons, Turpins Hill, Heddon-on-the-Wall.
87. H. R. S. Gibb, Eachwick House, Dalton.
88. A. E. Thompson, Loudside Farm, Dalton.
89. J. H. Charlton, Leaguer House, Dalton.
90. R. Spearman & Sons, Chapel Farm, Stamfordham.
91. J. B. Davidson, Styford, High Barns, Stocksfield.
92. A. W. Straker, Shawell Farm, Corbridge-on-Tyne.
93. E. Charlton, Shaw House Farm, Stocksfield.
94. R. E. Baty & Son, North Acomb, Stocksfield.
95. Exors. of the late R. Graham, Wylam Hills, Wylam.
96. J. Longlands, Bearl, Stocksfield.
97. G. E. Thompson, Mount Huly, Ovingham-on-Tyne.
98. T. Reed, Glebe Farm, Ovingham-on-Tyne.
99. J. Rowell, Ovington Hall Farm, Prudhoe Station.
100. R. Cuthbertson, Stocksfield Hall, Stocksfield.
101. J. E. Moffitt, Peepy, Stocksfield.
102. W. J. Ridley, Shilford, Stocksfield.
103. L. C. Drydon, Broomhaugh Farm, Riding Mill.
104. A. J. Luke, Hedley Park, Stocksfield.
105. W. Stonehouse & Son, Hedley North Farm, Stocksfield.
106. F. Rowland, Mickley Grange, Stocksfield.
107. E. B. Lishman, Hopside Farm, Horsley-on-Tyne.
108. W. T. Lockey, Horsley Hills, Horsley-on-Tyne.
109. R. C. Bramwell, High Barns, Horsley-on-Tyne.
110. H. Alder, Heddon Birks, Heddon-on-the-Wall.
111. W. E. Holmes, Birks Cottage, Heddon-on-the-Wall.
112. J. & A. Riddell, Crescent Farm, Throckley.
113. J. & J. Watson, Mount Hope, East Heddon, Newcastle.
114. J. A. Dodds, Heddon Laws, Heddon-on-the-Wall.
115. F. F. & J. W. S. Heslop, Beckney Hill, Heddon-on-the-Wall.
116. W. Cannon, Breckney Hill, East Heddon.
117. J. N. Scott, Hawthorn Cottage, East Heddon.
118. T. O. Shield, Heddon Banks, Heddon-on-the-Wall.
119. Throckley Coal Co., South Farm, Throckley.
120. F. A. Fowkes & Sons, East Wharmley, Hexham.
121. J. Davidson, Peel Well, Haydon Bridge.
122. N. Douglas, Lipwood Well, Haydon Bridge.
123. T. Sowerby, Rowfoot Farm, Featherstone Park, Haltwhistle.
124. W. P. Jewett, Salmonfield, Steel, Hexham.
125. G. T. Dinning, Eastwood Foot, Slaley.
126. G. C. Robson & Son, Town Head, Slaley.
127. J. Johnston, Cansey Hill Farm, Hexham.

“ Accredited ” (*Continued*) :—

128. J. Johnson, Lowgate, Hexham.
129. R. Green, Bagraw Farm, Lowgate, Hexham.
130. G. T. Rowland, Snape Farm, Lowgate, Hexham.
131. R. M. Lakeman, Langhope, Hexham.
132. A. M. Keith, East Elrington, Haydon Bridge.
133. T. D. Rowell, Greenfield, Wall.
134. E. C. Spence, Frankham, Fourstones.
135. J. W. Green, Settlingstones, Fourstones-on-Tyne.
136. R. W. Keen, Town Foot Farm, Acomb.
137. W. Laidler & Sons, Anick Grange, Hexham.
138. J. Jamieson, East Nubbock, Hexham.
139. A. E. Blair, Sunnyside, Allendale.
140. W. Armstrong, Woolley Park, Allendale.
141. S. Lee, The Laws, Whitfield.
142. J. Dodd, Castle Farm, Langley.
143. T. Arnison, Field Head Farm, Shotley Bridge.
144. J. & A. Riddell, Wallish Walls, Consett.
145. J. S. Arnison, Eddis Bridge, Shotley Bridge.
146. J. Bean, Bullions Farm, Kilnpit Hill, Shotley Bridge.
147. F. J. Christopher, Unthank, Shotley Bridge.
148. R. E. Stephenson, Espershields, Shotley Bridge.
149. J. C. Swallow, Kilnpit Hill, Shotley Bridge.
150. W. S. Nicholson, Grey Mare Hill, Shotley Bridge.
151. J. W. Rowell, Newlands Grange, Ebchester.
152. L. D. Tailford, Allensford Mill, Consett.

The number of Accredited Licences continues to increase, such increase being entirely due to the scheme of the Milk Marketing Board whereby a subsidy of 1d. per gallon is paid to producers of “ Accredited ” milk.

The milk from accredited farms is regularly examined, and tested for tuberculosis, whilst regular visits are paid to the farms for the purpose of ensuring that the conditions imposed by the Milk (Special Designations) Orders, 1923 and 1936, are observed.



COUNTY OF NORTHUMBERLAND. MEAT AND FOOD INSPECTION, 1936. P.H.A. 1875, s. 116—119. P.H.A. 1890, s. 28.

*Meat and Food condemned as unfit for human consumption on account of diseased or unsound conditions:—*

SANITARY DISTRICTS.

*Municipal Boroughs.*

1. Berwick-on-Tweed	... Beef 7 carcasses, 2 part carcasses, 1 head, tongue, liver, 2 tins boneless Ham, Mutton 62 carcasses, 2 forequarters.
2. Blyth	... Beef 217½ stones, Veal 13½ stones, Mutton 9½ stones, Pork 18 stones, Offals 175½ stones, Tinned goods (Corned Beef) 13 lbs.
3. Morpeth	... Beef 23 stones, Mutton 21 stones, Pork 15 stones, Livers 4 st. 4 lbs.
4. Wallsend	... 4 Heifer carcasses, 6 pig carcasses, 2 cwt. 5 st. Livers, 2 cwt. 3 st. Fish, 2 cwt. 1 st. Fruit, 1 cwt. 4 st. Provisions (Bacon, tinned-meat, etc.).
<i>Urban Districts.</i>	
5. Alnwick	... 3 Carcasses of Beef, 1 ease (canned goods).
6. Amble	... Nil.
7. Ashington	... Beef 112 stones, Mutton 4 stones, Pork 11½ stones, 6 lbs. Ham, 6 lbs. Chicken, 19 pairs Beasts lungs, 10 livers, 8 stomachs.
8. Bedlington	... Beef 112 stones, Imported Beef 7 stones, Mutton 12 stones, Pork 8 stones, and 79 cases in which various organs were destroyed.
9. Gosforth	... Beef 1 carcase (35 stones).
10. Hexham	... Nil.
11. Longbenton	... Beef 270 stones, Mutton 6 stones, Pork 37½ stones.
12. Newbiggin-by-Sea	... Nil.
13. Newburn	... Beef 1,540 lbs., Mutton 54 lbs., Pork 471 lbs., White-puddings 6½ lbs.
14. Prudhoe	... Beef 127 stones, Pork 102 stones
15. Seaton Valley	... Beef 198 stones, Mutton 1 stone, Pork 99 stones.
16. Whitley & Monkseaton	... Beef, Pork, Mutton, internal organs, offals, tinned goods, fish, etc., to a total of 7,385 lbs.

*Rural Districts.*

17. Alnwick	... Beef 136 stones.
18. Belford	... Nil.
19. Bellingham	... Nil.
20. Castle Ward	... Nil.
21. Glendale	... Nil.
22. Haltwhistle	... Beef 27 stones, Mutton 38 lbs.
23. Hexham	... Beef 97 stones, Mutton 4 stones, Pork 7 stones.
24. Morpeth	... Beef 127 stones, Mutton 7 stones, Game 7 lbs.
25. Norham and Islands	... Nil.
26. Rothbury	... Nil.

## SALE OF FOOD AND DRUGS ACTS.

The County Council is the administrative authority under the above Acts throughout the administrative County, excepting in the area of the Borough of Berwick-upon-Tweed. Samples for examination by the County Analyst are taken by the County Council's Inspectors of Weights and Measures. The results of the analyses of samples taken during 1936 and the percentages of those found to be adulterated are shown in the subjoined table.

Description of Article.	Number Examined.	Number Adulterated, etc.	Percentage of Samples Adulterated.	Vendor Prosecuted.	Convic- tions including cases dis- missed on payment of costs.
Apples ... ..	1	—	—	—	—
Apricots, Dried...	7	1	14.3	1	1
Aerated Waters...	3	—	—	—	—
Arrowroot ... ..	2	—	—	—	—
Bacon ... ..	7	—	—	—	—
Baking Powder...	12	—	—	—	—
Banana Cream ...	1	—	—	—	—
Beef Suet ... ..	3	—	—	—	—
Beef Paste ... ..	1	—	—	—	—
Beer ... ..	2	—	—	—	—
Beer, Tinned ...	1	—	—	—	—
Bicarbonate of Soda ...	1	—	—	—	—
Black Pudding ...	7	2	28.57	1	1
Bread and Butter ...	1	—	—	—	—
Bread Crumbs ...	1	—	—	—	—
Brown Sugar ... ..	2	—	—	—	—
Butter ... ..	30	—	—	—	—
Calves Feet Jelly ...	2	—	—	—	—
Candied Peel, Mixed ...	1	—	—	—	—
Camphorated Oil ...	2	—	—	—	—
Cheese, ... ..	16	—	—	—	—
„ Cheshire ... ..	9	—	—	—	—
„ Dutch Cheshire ...	1	—	—	—	—
Chicken, Ham & Tongue Paste	1	—	—	—	—
„ Veal & Ham Roll ...	1	—	—	—	—
„ Fillets, boneless ...	1	—	—	—	—
„ Roll ... ..	1	—	—	—	—
Chocolate Blanc Mange Powder	1	—	—	—	—
„ Roll ... ..	3	1	33.3	1	1
„ Sandwich ... ..	1	—	—	—	—
„ Dragees ... ..	1	—	—	—	—
„ Swiss Roll ... ..	1	—	—	—	—
Cinnamon ... ..	2	—	—	—	—
Cocoanut Sandwich Cake ...	1	—	—	—	—
Compound Liquorice Powder...	1	—	—	—	—
Coffee ... ..	11	—	—	—	—
Coffee and Chicory ...	1	—	—	—	—
Cornflour ... ..	9	—	—	—	—
Cod Liver Oil ... ..	1	—	—	—	—
Corned Beef ... ..	3	—	—	—	—
Condensed Milk...	11	—	—	—	—
Cocoa ... ..	6	—	—	—	—
Cream ... ..	9	—	—	—	—
Carried forward ...	179	4	—	3	3

Description of Article.	Number Examined.	Number Adulterated, etc.	Percentage of Samples Adulterated.	Vendor Prosecuted.	Convic- tions including cases dis- missed on payment of costs.
Brought forward ...	179	4	—	3	3
Cream of Tartar ...	4	—	—	—	—
Crab Paste ...	1	—	—	—	—
Chocolate Wheaten Biscuits ...	1	—	—	—	—
Currants ...	3	—	—	—	—
Curry Powder ...	1	—	—	—	—
Custard Powder ...	14	—	—	—	—
Demarara Sugar ...	5	—	—	—	—
Desiccated Cocoanut ...	2	—	—	—	—
Dressed Crab ...	1	1	100	—	—
Egg Substitute ...	3	—	—	—	—
Essence of Lemon ...	1	—	—	—	—
Evaporated Milk ...	1	—	—	—	—
Fat Pork ...	1	—	—	—	—
Fish Cakes ...	2	—	—	—	—
Flaked Rice ...	1	—	—	—	—
Flour ...	3	—	—	—	—
Gelatine, Veal, Ham & Tongue	1	—	—	—	—
„ Ham & Tongue ...	1	—	—	—	—
Glaze Cherries ...	1	—	—	—	—
Golden Syrup ...	5	—	—	—	—
Grape Fruit Cordial Powder ...	3	—	—	—	—
Grape Fruit Crush ...	1	—	—	—	—
Gregory Powder ...	1	—	—	—	—
Ground Almonds ...	18	—	—	—	—
„ Ginger ...	10	—	—	—	—
„ Rice ...	6	—	—	—	—
Glauber Salts ...	1	—	—	—	—
Ham Roll ...	1	—	—	—	—
Herring Roes ...	1	—	—	—	—
Honey ...	1	—	—	—	—
Ice Cream ...	2	—	—	—	—
Ices ...	4	—	—	—	—
Jams, Jellies, Marmalades, etc.	21	2	9.5	1	1
Jelly Crystals ...	1	—	—	—	—
Lard ...	12	—	—	—	—
Lemon Cheese ...	3	—	—	—	—
„ Curd ...	2	—	—	—	—
„ Peel ...	3	—	—	—	—
„ Sole ...	3	—	—	—	—
Lime Juice and Soda Powder...	1	—	—	—	—
Liquid Chocolate ...	1	—	—	—	—
Malt and Cod Liver Oil ...	2	—	—	—	—
Malt Extract ...	1	—	—	—	—
Margarine ...	19	—	—	—	—
Matinee Wafer (White Milk Chocolate) ...	1	—	—	—	—
Milk ...	96	38	39.5	1	1
„ Hot ...	2	—	—	—	—
„ Chocolate Block ...	1	1	100	—	—
Minced Meat ...	3	—	—	—	—
Carried forward ...	452	46	—	5	5



Description of Article.	Number Examined.	Number Adulterated, etc.	Percentage of Samples Adulterated.	Vendor Prosecuted.	Convic- tions including cases dis- missed on payment of costs.
Brought forward ...	452	46	—	5	5
Meat Paste ... ..	2	—	—	—	—
Meat Pies ... ..	1	—	—	—	—
Mustard ... ..	1	—	—	—	—
Oatmeal ... ..	4	—	—	—	—
Pastilles, Black Currant	1	—	—	—	—
Paregoric ... ..	1	—	—	—	—
Peaches, Tinned ... ..	1	—	—	—	—
Peas, Tinned ... ..	2	—	—	—	—
Pepper ... ..	11	1	9.1	—	—
„ White ... ..	6	1	16.6	1	1
Pickles ... ..	2	—	—	—	—
Plums, Golden ... ..	1	—	—	—	—
Plum Pudding ... ..	1	—	—	—	—
Polony ... ..	1	—	—	—	—
Potato Flour ... ..	1	—	—	—	—
Potted Meat ... ..	1	—	—	—	—
Raisins ... ..	1	—	—	—	—
Raspberry Swiss Roll ...	1	—	—	—	—
Rice ... ..	1	—	—	—	—
Sauce ... ..	3	—	—	—	—
„ Fruit ... ..	2	—	—	—	—
„ Tomato... ..	2	—	—	—	—
Salad Cream ... ..	1	—	—	—	—
Sausage ... ..	32	5	15.6	1	1
„ Luncheon ... ..	1	—	—	—	—
„ Seasoning ... ..	1	—	—	—	—
Self Raising Flour ... ..	4	—	—	—	—
Semolina... ..	3	—	—	—	—
Shredded Beef Suet ... ..	3	—	—	—	—
Snowcake Flour ... ..	1	—	—	—	—
„ Mixture ... ..	2	—	—	—	—
Spiced Ham ... ..	3	1	33.3	—	—
Sponge Cake ... ..	1	—	—	—	—
Sugar ... ..	1	—	—	—	—
„ Icing ... ..	1	—	—	—	—
Sultanas ... ..	1	—	—	—	—
Sweets ... ..	3	—	—	—	—
Swiss Roll coated with White					
Sugar ... ..	1	—	—	—	—
„ (Chocolate covered)	1	—	—	—	—
Table Cream ... ..	1	—	—	—	—
„ Jelly ... ..	4	—	—	—	—
Tapioca ... ..	1	—	—	—	—
Tea ... ..	9	—	—	—	—
Tincture of Rhubarb Compound	1	—	—	—	—
Toffee ... ..	1	—	—	—	—
Tomato Juice ... ..	1	—	—	—	—
„ Ketchup ... ..	1	—	—	—	—
„ Sauce ... ..	2	—	—	—	—
Tonic Stout ... ..	1	—	—	—	—
Carried forward ...	581	54	—	7	7

Description of Article.	Number Examined.	Number Adulterated, etc.	Percentage of Samples Adulterated.	Vendor Prosecuted.	Convic- tions including cases dis- missed on payment of costs.
Brought forward ...	581	54	—	7	7
Tongue ... ..	1	—	—	—	—
Treacle, Black ... ..	1	—	—	—	—
Tripe ... ..	2	—	—	—	—
Turkey and Tongue Paste ...	1	—	—	—	—
Veal, Ham and Tongue Roll ...	1	—	—	—	—
Vinegar ... ..	16	1	6.3	1	1
„ Malt ... ..	13	—	—	—	—
„ Table ... ..	4	3	75	—	—
White Chocolate ... ..	2	—	—	—	—
„ Milk Chocolate ... ..	5	—	—	—	—
„ Precipitate Ointment ...	5	5	100	1	1
Xmas Pudding ... ..	1	—	—	—	—
Yeast ... ..	12	—	—	—	—
Zinc Ointment ... ..	1	—	—	—	—
Total ... ..	646	63	9.75	9	9

*Public Health (Condensed Milk Regulations), 1923 and 1927; Public Health (Dried Milk Regulations), 1923 and 1927; Public Health (Preservatives, etc., in Food Regulations), 1925-1927—*

Eleven samples of condensed milk were taken.

No samples of dried milk were taken.

All samples taken under the Food and Drugs (Adulteration) Act, 1928, were analysed for preservative, and particulars of those containing preservative, in excess of the requirements, are set out in the foregoing summary.

*Berwick-upon-Tweed.*—The following table indicates particulars of samples taken and results of analyses, etc., during the year. Forty-two samples of various items of food and drugs were taken during the year and examined by the Borough Public Analyst.

	Number taken.	Genuine.	Non-genuine.
Milk ... ..	24	15	9
Vinegar ... ..	3	3	—
Self-raising Flour... ..	2	2	—
Butter ... ..	1	1	—
Peas ... ..	1	1	—
Rice ... ..	1	1	—
Cake Flour ... ..	1	1	—
Cornflour ... ..	1	1	—
Cream of Tartar ... ..	1	1	—
Glauber Salts ... ..	1	1	—
White Pepper ... ..	1	1	—
Ground Rice ... ..	1	1	—
Coffee ... ..	1	1	—
Cheese ... ..	1	1	—
Custard Powder ... ..	1	1	—
Loganberries (tinned) ... ..	1	1	—
	42	33	9

The following action was taken in the case of the 9 non-genuine milk samples :—

Sample No.	Deficiency.	Action taken.
1	Deficient in fat ... 7.3%	Dealer cautioned. Do. Do. Do. Do.
2	Do. ... 1.3%	
3	Do. ... 6.6%	
4	Do. ... 7.3%	
6	Do. ... 20.0%	
13	Do. ... 5.0%	Prosecuted. Fined 10/- and 15/- costs.
14	Deficient in non-fatty solids ... 2.1%	Dealer cautioned.
15	Deficient in fat ... 9.0%	} No action.
	Do. non-fatty solids ... 8.9%	
22	Deficient in non-fatty solids ... 3.4%	

Sample No. 22 was an appeal to cow sample from No. 15, consequently no action was taken in either of these cases.

#### RIVER POLLUTION AND SEWAGE DISPOSAL.

*Haltwhistle R.D.*—A scheme was inaugurated during the year for the improvement of the sewage disposal works at Haltwhistle, and was nearing completion at the end of the year.

The new scheme will supersede the old works which had long outgrown their efficacy and usefulness, and will result in the termination of the pollution of the river referred to in previous reports.

*Glendale R.D.*—New works of sewage disposal have been provided at the villages of Lowick and Bowsden.

*Belford R.D.*—Improvements have been effected at North Sunderland, where a new sea outfall sewer has been installed.

There still remain instances of crude sewage being discharged into rivers at Haydon Bridge, Corbridge, Mickley Station, and Wylam, and the attention of the authorities concerned is hereby drawn to the necessity of considering alternative methods of treatment.

It is an *erroneous* belief that if the outfall pipe of a sewer be carried below the lowest level of a river or stream the law is complied with.

#### HOUSING.

The number of houses erected in the County during post-war years has now reached a total of 30,700.

The figure for the year under review is 2,798 being less than for the two previous years. Of this number, 713 (34 per cent.) were erected by local authorities, and 2,085 (65.9 per cent.) by private enterprise.

Of the gross total, no less than 11,558 (37.61 per cent.) have been provided by local authorities, whilst private enterprise has produced 19,142 (62.39 per cent.)

For the whole period, 1920—1936, the largest additions have been :—

*Whitley and Monkseaton U.*—3495 (407 by L.A.);

*Wallsend M.B.*—3,239 (1,822 by L.A.);

*Blyth M.B.*—2,458 (1,467 by L.A.);

*Longbenton U. (including Weetslade).*—2,765 (825 by L.A.);

*Gosforth U.*—2,273 (320 by L.A.); and

*Seaton Valley U. (including Cramlington, Seaton Delaval, Earsdon and Seghill).*—2,216 (1,235 by L.A.).



The housing table containing an analysis of the houses erected in the County during the years 1920-1936 inclusive is appended facing this page.

The table is designed to show the number of houses erected : " A " with State assistance ; " B " without such assistance ; " C " by local authorities ; and " D " by other persons, year by year, for the present decade, and for the whole period.

#### WATER SUPPLIES.

Water supplies in the south-east part of the county have been satisfactorily maintained by the main contracting suppliers, i.e., the Newcastle and Gateshead Water Co., and the Tynemouth Corporation.

In the west a scheme was brought nearer fruition for the permanent improvement in the supply to Haltwhistle and adjacent villages ; whilst in the north further improvements are contemplated at *Amble* (£4,700), *Alnwick Rural* (£1,880) for the villages of Shilbottle, Hazon, Hartlaw, and Warkworth ; and at *Berwick* it is proposed to expend £19,000 for improvements to the town supply.

Schemes are also proposed for certain villages in Glendale Rural District.

Improvements have been effected in the supplies to *Newbiggin-by-the-Sea U.D.*, where a water-tower has been erected with a capacity of 250,000 galls., which will have the effect of maintaining a *constant* pressure in the supply.

Improvements have also been carried out to the supplies to Belford and North Sunderland in the *Belford R.D.*

New supplies have been installed at Elsdon village, and at Lee Houses in the *Rothbury R.D.*

A new supply has been derived and installed at Allerdean, Shoreswood and Thornton in the *Norham & Islandshires R.D.*, whilst the supply to the village of East Ord has been augmented from a new source.

Reference : { "A" With State assistance. { "C" by Local Authority.  
                  { "B" without State assistance. { "D" by other persons.

\* Ceased to function as separate Authorities.





## HOSPITALS.

*Isolation Hospitals.*

The amount of hospital accommodation available for the isolation of infectious disease was as indicated in the subjoined table. The population of the 25 Sanitary Districts for which isolation hospital accommodation was provided was 397,654, and the beds provided numbered 521, independently of the accommodation at port hospitals, giving one bed for each 763 of population.

Newbiggin-by-the-Sea is the only district in the county without means for isolating cases of infectious disease, cases from this district being sent to the Newcastle upon Tyne Corporation and Morpeth R.D.C. Hospitals.

	Popula- tion served.	Number and kind of hospitals provided.	Beds provided for		
			Small- pox.	Infectious diseases other than Small-pox	Small-pox or other Infectiou diseases
I. JOINT HOSPITAL DISTRICTS.					
(1) <i>Earsdon Joint Hospital District—</i>					
Seaton Valley U.D. ...	} 76,490	Iron buildings :—	16	...	...
Longbenton U.D. ...		At Earsdon Grange (1)			
Whitley & Monkseaton U.D.		Two permanent brick buildings and † One iron building At Scaffold Hill (1)	...	72	...
(2) <i>Gosforth, Newburn, and Castle Ward Joint Hos- pital District—</i>					
Gosforth U.D. ...	} 51,120	Permanent building ...	...	32	...
Newburn U.D. ...					
Castle Ward R.D. ...					
(3) <i>The urban and rural dis- tricts of Alnwick and Rothbury and the rural district of Belford—</i>					
Alnwick U.D. ...	} 29,370	Iron and wood building	24	...	...
Alnwick R.D. ...					
Belford R.D. ...					
Rothbury R.D. ...					
(4) <i>Hexham rural and Prudhoe—</i>					
Prudhoe U.D. ...	} 29,249	do.	12	10	...
Hexham R.D. ...					
(5) <i>Longtown and Border—</i>					
Alston, etc., R.D. ...	} *8,055	do.	...	16	...
Brampton R.D. ...					
Longtown R.D. ...					
Haltwhistle R.D. ...					

† Now used only in cases of emergency.

\* In this County.

	Popula- tion served.	Number and kind of hospitals provided.	Beds provided for		
			Small- pox.	Infectious diseases other than Small-pox	Small-pox or other Infectious diseases.
II. HOSPITALS PROVIDED BY INDIVIDUAL SANITARY AUTHORITIES.					
Berwick M.B. ... ..	12,180	{ One wooden building Iron & wood building	8	...	...
Blyth M.B. ... ..	34,410	Permanent building ...	8	...	...
Morpeth M.B. ... ..	9,405	{ Iron building ... Brick building ...	4	...	...
Wallsend M.B. ... ..	43,640	{ Permanent building do. ...	20	...	...
Alnwick U.D. ... ..	6,916	Permanent building ...	...	86	...
Amble U.D. ... ..	4,323	Iron building ...	4	...	...
Ashington U.D. ... ..	30,020	{ Iron building } { Brick building }	...	45	...
Bedlingtonshire U.D. ...	27,650	Iron & brick building	...	14	...
Gosforth U.D. ... ..	19,330	Permanent building	7	...	...
Hexham U.D. ... ..	9,084	Two iron and wood buildings	8	16	...
Newburn U.D. ... ..	19,250	One iron and wood building	4	...	...
Glendale R.D. ... ..	7,643	Two cottages ...	...	...	8
Morpeth R.D. ... ..	15,190	One iron and wood hospital	24	...	...
Norham and Island- shires R.D. ... ..	4,705	do. ...	6	...	...
Rothbury R.D. ... ..	5,687	Iron and wood building	...	8	...
River Blyth Port Sanit- ary Authority		Permanent building ...	...	20	...

	Popula- tion served.	Number and kind of hospitals provided.
III. SANITARY AUTHORITIES HAVING MADE ARRANGE- MENTS FOR PATIENTS TO BE RECEIVED BY NEIGHBOURING SANIT- ARY AUTHORITIES.		
Blyth U.D. ... ..	34,410	Patients from this district are received into the hospital of the Blyth Port Sanitary Authority.
Bedlingtonshire U.D.	27,650	Arrangements made with Earsdon Joint Board Hospital for admission of Smallpox patients.
Alnwick R.D. ... ..	12,120	Patients suffering from infectious disease, other than Smallpox, admitted to Alnwick U.D. Hospital.
Belford R.D. ... ..	4,647	Arrangements made with Berwick Borough Council for admission of patients to Berwick Infectious Diseases Hospital.
Bellingham R.D. ...	5,120	Patients from this district are received into the Gosforth, Newburn and Castle Ward Joint Hospital.
Castle Ward R.D.	12,540	Smallpox cases are received into the Gosforth U.D. Smallpox Hospital.
Norham and Island- shires R.D.	4,705	Cases of infectious disease, other than Smallpox, are removed, when occasion requires, to Ber- wick Borough Infectious Diseases Hospital under an agreement with the Borough Council.
River Tyne Port Sanit- ary Authority		All "Port" cases of infectious disease are received into the Walkergate and North and South Shields Infectious Diseases Hospitals.

### Institution Hospitals.

The following table indicates the various Institution Hospitals maintained by the County Council under the Poor Law Act, 1930, and the number of beds available in each during the year 1936.

In the case of the Preston Hospital, North Shields, the total number of the beds in the hospital is shewn, as it is not possible to give the exact number occupied by County Council patients during the year.

Name of Institution.	General, Medical, and Surgical.		Chil-dren.	Chronic Sick.		Venereal.		Tuberculosis.		Isolation.		Mater-nity.		Mental.		Mental Defectives.		Total.	
	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	†F.	Total.
Alnwick ...	—	—	3	15	17	—	—	1	—	—	—	1	—	—	—	—	—	16	23
Berwick-on-Tweed ...	—	—	2	20	14	—	—	—	—	—	—	1	—	—	—	—	20	17	37
*Glendale ...	—	—	—	4	7	—	—	—	—	—	—	2	—	7	1	—	4	17	21
Greenholme, Haltwhistle ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	38	—	38
Dean Street House, Hexham ...	27	24	18	—	—	—	—	5	—	—	—	2	—	—	3	7	35	51	§86
Newgate Street, Morpeth ...	6	6	—	—	—	—	—	—	—	—	—	1	—	—	—	—	6	7	13
Ponteland ...	13	14	2	—	—	—	—	—	—	2	—	—	—	—	—	—	15	18	§33
Rothbury... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	54	—	54	54
Preston Hospital, North Shields...	84	81	†95	58	28	6	4	40	26	—	—	12	2	2	2	—	190	248	438
TOTALS...	130	125	120	97	66	6	4	46	26	2	4	19	2	9	41	62	324	435	759

† Includes children. † Includes 25 beds for Tuberculosis cases. § Includes Chronic Sick. \* Closed 30th September, 1936.



*Voluntary Hospitals.*

The number of beds available in Voluntary Hospitals in the administrative county during the year 1936, was as follows :—

Alnwick Infirmary	...	...	...	27 (including 2 cots).
Ashington Hospital	...	...	...	44 (including 2 cots).
Berwick Infirmary	...	...	...	36 (including 3 cots).
Blyth Hospital	...	...	...	36 (including 6 cots).
Corbridge Hospital	...	...	...	17
Haltwhistle Hospital	...	...	...	17 (including 2 cots).
Hexham War Memorial Hospital	...	...	...	40
Morpeth Cottage Hospital	...	...	...	13
Rothbury Cottage Hospital	...	...	...	17
Newburn Cottage Hospital	...	...	...	14
Wallsend Infirmary	...	...	...	20 (including 3 cots).
				<hr/> 281 <hr/>

There were 994 beds available during the year, in the various voluntary Hospitals in Newcastle upon Tyne, to which County patients are admitted; the following table shews the approximate number of beds in each :—

Royal Victoria Infirmary	(approximately)...	614 (plus 86 in paybed section and 35 in Innes Hopkins Memorial Home.
Fleming Memorial Hospital	... ..	88
Princess Mary Maternity Hospital	... ..	90
Northern Women's Hospital	... ..	29
Eye Hospital	... ..	35
Throat, Nose and Ear Hospital	... ..	35

The percentage proportion of beds occupied throughout the year by each of the areas from which patients are admitted to the Royal Victoria Infirmary, was as follows :—

	In-patients.
Durham County	47·67%
Northumberland	31·72%
City of Newcastle	18·64%
Other places	1·97%

and the number of patients admitted from the Administrative County of Northumberland during the year was 4,536, the total number of admissions to the Infirmary being 14,298. The analysis of the waiting list at the time this report was printed (October, 1937) shews the following results :—

Durham County...	1,656
Northumberland County	1,089
City of Newcastle	760
County Borough of Gateshead	500
County Borough of South Shields	110
County Borough of Tynemouth	30

## PUBLIC ASSISTANCE.

*Remuneration of District Medical Officers.*

During 1936 the remuneration of District Medical Officers in the industrial areas continued on the "units" system which was reported upon in my Annual Report for the year 1933, the basis being as follows :—

Visit to home	...	...	...	4 units, or 1/6 at 4½d. per unit.
Consultation at surgery	...	...	3	„ or 1/1½
Medicine supplied	...	...	2	„ or 9d.
Dressings supplied	...	...	2	„ or 9d.
Certificate issued	...	...	1	unit, or 4½d.

This system of payment was extended and applied to the following industrial areas :—

Bedlington.	Morpeth 2a.
Berwick.	Morpeth 6.
Blyth.	Newburn.
Cramlington.	Prudhoe.
Earsdon.	Wallsend.
Haltwhistle East.	Weetslade.
Haltwhistle West.	Whitley Bay, and
Lemington.	Willington Quay.

In certain rural districts appointments were made on the following capitation basis :—

For short term cases attended on the order of the Relieving Officer, 5/- per quarter (all cases on the Doctor's list for any portion of a quarter to be counted as being chargeable for the whole of the quarter) and for chronic cases needing continuous medical treatment for a period exceeding six months, the maximum annual fee of 20/- to be paid. Medicines to be paid for at the rate of 9d. per bottle, and a retaining fee to be paid to cover the cost of travelling expenses.

This system of payment was adopted in the Allendale, Allenheads, Ninebanks, Whitfield, Norhamshire, Stamfordham, Chatton and Wooler districts, where special consideration was given to the amount of the retaining fee in each individual district.

During the twelve months under review the poor law medical service was satisfactorily maintained throughout the County without there being any excessive visitation of cases. There were no complaints regarding the remuneration of Medical Officers as set out above.

It is of interest that the joint conference between representatives of the County Councils Association, the Association of Municipal Corporations and the London County Council, held to discuss the question of domiciliary medical relief was of the opinion that the report by Medical Officers of the Ministry of Health confirms the need for Local Authorities to retain full discretion to administer their district medical services in a manner best suited to the respective circumstances. It was resolved that the Associations and the Council be recommended to make a joint representation to the Minister of Health accordingly.

Such a policy would leave any authority free to adopt a part-time or free choice system in the administration of domiciliary medical relief. This is precisely the practice in Northumberland, where the appointments are considered in the light of local conditions.

The time is not yet opportune for the extensive introduction of any stereotyped system, nor is it contemplated that one universal method of service would be applicable to the County as a whole, but the way should be kept open by the continuance of temporary appointments, for the employment and adaptation of any particular method of remuneration which is best suited to the circumstances of any individual county district. In this connection it is anticipated that information and experience of considerable value will be gained by the operation of the panel or free choice system which the Committee propose to introduce in the near future in the Gosforth and Haydon districts for an experimental period of twelve months.

The following is a statement showing the financial result of the working of the above schemes during 1936 :—

	Medical Officers' minimum contract salaries.	Earned salaries.					
		On " Units " basis, 1935.			On " Capitation " and " Units," 1936.		
	£ s. d.	£	s.	d.	£	s.	d.
Districts on special remuneration ... ..	944 15 0	1,782	2	1	1,882	0	5*
Districts on fixed annual salaries ... ..	1,246 5 4	305	7	7	292	4	5‡
TOTALS ... ..	£2,191 0 4	£2,087	9	8	£2,174	4	10

\* Includes provisional figure of £125 for Prudhoe District.

‡ Excludes returns not to hand.



## POOR LAW MEDICAL OUT-RELIEF.

The following table indicates the various Medical Out-relief districts in the County :—

Guardians Committee Area.	District.	Area in Acres.	Population— 1931 Census.
North No. 1 ...	Belford—West ...	25,877	2,112
	Do. East ...	13,920	2,502
	Berwick... ..	14,111	13,181
	Norhamshire ...	20,151	2,228
	Islandshire ...	19,186	1,808
	Carham ... ..	13,068	889
	Chatton ... ..	36,269	1,529
	Ford ... ..	23,236	1,745
	Glendale—Southern	21,994	571
	Lowick ... ..	12,879	877
	Wooler ... ..	40,484	2,443
		241,175	29,885
	<i>Plea piece common to E. &amp; W. Lilburn, Ilderton &amp; Roseden C.Ps.</i>	3	...
	<i>Undivided moor common to Kirknewton &amp; Lanton, C.Ps.</i>	8	...
North No. 2 ...		241,186	29,885
	Alnwick ... ..	4,778	6,883
	Embleton ... ..	20,200	2,375
	Felton ... ..	9,026	1,171
	Glanton ... ..	27,021	1,468
	Lesbury ... ..	10,645	2,368
	Shilbottle ... ..	15,526	1,704
	Warkworth ... ..	11,875	7,733
	Rothbury—East ...	28,601	2,102
	Do. West... ..	19,477	1,398
	Rothley ... ..	15,097	258
	Harbottle ... ..	59,553	777
	Elsdon ... ..	18,931	383
	Whittingham ... ..	26,204	850
Central ... ..		266,934	29,470
	<i>Intermixed lands common to Rothbury &amp; Snitter, C.P.</i>	23	...
		266,957	29,470
Central ... ..	Ponteland... ..	42,947	8,172
	Stamfordham ... ..	30,254	2,788
	Stannington ... ..	10,314	1,920
	<i>Carried forward...</i>	83,515	12,880
		508,143	59,355

Guardians Committee Area.	District.	Area in Acres.		Population— 1931 Census.	
	<i>Brought forward...</i>	83,515	508,143	12,880	59,355
Central— <i>Contd.</i>	Morpeth — No. 1	327		7,391	
	Do. No. 2	11,745		4,806	
	Do. No. 2a	2,620		9,863	
	Do. No. 3	10,123		27,799	
	Do. No. 4	15,776		4,787	
	Do. No. 5	17,087		820	
	Do. No. 6	676		19,623	
	Do. No. 6a	8,881		12,095	
	Do. No. 7	4,573		258	
	Do. No. 8	16,127		2,307	
	Do. No. 9	9,607		521	
	Blyth ...	4,319		31,680	
			185,376		134,830
	<i>Longhorsley Common common to Bigge's, Riddells, and Freeholders' Qtrs. C.Ps. ...</i>		23		...
	<i>Horsley Moor common to Bigge's Qtr., Fenrother Freeholders and Riddell's Qtrs. C.Ps. ...</i>		192		...
			185,591		134,830
South ...	Gosforth ...	1,303		18,044	
	Whitley ...	1,925		24,224	
	Seaton Delaval ...	4,102		5,842	
	Seghill ...	1,425		2,582	
	Cramlington ...	4,583		8,238	
	Earsdon ...	5,705		13,583	
	North Longbenton	4,584		13,074	
	Weetslade ...	2,201		7,734	
	Wallsend ...	1,629	(approx.)	29,725	
	Willington Quay	1,793	do.	14,862	
			29,250		137,908
West ...	Bellingham—No. 1	19,719		1,287	
	Do. No. 2	104,787		820	
	Do. No. 3	58,369		873	
	Do. No. 4	13,228		756	
	Do. No. 5	30,518		956	
	Do. No. 6	20,024		599	
	Lemington ...	1,588		8,523	
	Newburn ...	2,808		10,362	
	Haltwhistle—				
	Eastern ...	34,103		5,823	
	Western ...	27,461		2,390	
	Southern ...	22,282		419	
	<i>Carried forward...</i>	334,887	722,984	32,808	332,093

Guardians Committee Area.	District.	Area in Acres.		Population— 1931 Census.	
West—Contd.	<i>Brought forward...</i>	334,887	722,984	32,808	332,093
	Whitfield ...	12,481		278	
	Hexham ...	12,203		10,290	
	Slaley ...	27,001		1,409	
	Shotley ...	15,244		1,129	
	Blanchland ...	11,184		331	
	Humshaugh ...	37,597		2,802	
	Haydon... ..	22,031		2,954	
	Allendale ...	9,631		1,475	
	Wylam ...	5,495		11,165	
	Ovingham ...	10,508		2,825	
	Corbridge ...	22,211		3,936	
	Allenheads ...	4,748		743	
	Ninebanks ...	4,987		394	
			530,208		72,539
	<i>Allendale Common</i> <i>—stinted pasture</i> <i>common to Allen-</i> <i>dale and West</i> <i>Allen C.Ps. ...</i>		18,107		...
	<i>Moorland common</i> <i>to Townships of</i> <i>ancient Parish of</i> <i>Hexham (viz.,</i> <i>Hexham and Hex-</i> <i>hamshire High,</i> <i>Low, Middle and</i> <i>West Quarters) ...</i>		4,903		...
			553,218		72,539
			1,276,202		404,632
	<i>Newcastle-on-Tyne</i> <i>R.D. (Moothall</i> <i>and precincts) ...</i>		1		5
			1,276,203		404,637

## PUBLIC VACCINATION.

A list of Public Vaccinators and of the Vaccination Officers in the County will be found at the commencement of this report.

The accompanying table is a return relating to the year ended December 31st, 1935, and includes (last two columns) information relating to the year 1936.

There are in some areas of the County defaulting parents who have not obtained exemption on conscientious grounds, etc. It is the duty of Vaccination Officers to prosecute such persons, but proceedings have not been taken in any of the cases concerned.



# RETURN RESPECTING THE VACCINATION OF CHILDREN WHOSE BIRTHS WERE REGISTERED FROM 1ST JANUARY TO 31ST DECEMBER, 1935, INCLUSIVE.

Registration Sub-districts.	No. of Births returned in the "Birth List" Sheets" as registered from 1st January to 31st December, 1935.	Number of these Births duly entered by 31st January, 1937, in Columns I., II., IV. and V. of the "Vaccination Register," (Birth List Sheets), viz:—					Number of these Births which on 31st January, 1937, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of			No. of these Births remaining on 31/1/37 neither duly entered in the "Vaccination Register," (Cols. 3, 4, 5, 6 and 7 of this return) nor temporarily accounted for in the "Report Book" (Cols. 8, 9 and 10 of this return).	Total No. of Certifi- cates and copies of Certificates of successful Primary Vaccination of Children under 14 received during the calendar year 1936.	No. of Statutory Declarations of Conscientious objection actually received by the Vaccination Officers irrespective of the dates of birth of the children to which they relate during the calendar year 1936.
		Col. I.	Col. II.	Col. III.	Col. IV. No. in respect of whom Statutory Declara- tions of conscien- tious objection have been received.	Col. V.	Postpone- ment by Medical Certifi- cate.	Removal to Districts the Vac- cination Officers of which have been duly apprised.	Removal to places to unknown or which cannot be reached and cases not having been found.			
		Success- fully vaccin- ated.	Insus- ceptible of vac- cination.	Had Small- pox.		Died un- vaccin- ated.						
		3	4	5	6	7	8	9	10	11	12	13
1	2											
...	57	25	...	...	27	4	...	...	1	...	27	15
Allendale...	106	25	1	...	68	2	...	3	3	...	21	71
Alnwick ...	838	121	...	...	574	55	8	...	35	45	140	580
Ashington ...	475	104	1	...	349	15	1	2	3	...	116	330
Bedlington ...	59	49	...	...	8	1	1	...	...	...	66	6
Belford ...	57	35	...	...	20	...	1	...	...	1	43	14
Bellingham ...	230	77	1	...	84	...	5	11	7	29	79	97
Berwick-on-Tweed	172	16	2	...	134	7	3	...	5	5	25	93
Bywell ...	50	32	...	...	10	3	...	2	1	2	20	13
Chollerton ...	230	56	...	...	158	9	...	4	3	...	61	135
Cramlington ...	49	21	...	...	21	6	...	...	1	...	30	14
Embleton ...	97	3	...	...	80	2	...	1	...	11	5	91
Haltwhistle ...	275	110	2	...	120	10	2	27	...	2	151	109
Hexham ...	307	67	...	...	216	14	1	2	6	1	99	196
Longbenton ...	161	37	...	...	76	8	6	4	8	22	49	68
Morpeth ...	293	75	...	...	190	9	8	...	10	1	97	178
Newburn...	38	19	...	...	17	...	1	...	...	1		
Stamfordham ...	589	97	1	...	441	30	4	2	12	2	123	410
Northumberland	63	35	...	...	27	1	...	...	...	...	54	34
S.E. ...	206	91	...	...	92	12	5	4	...	2	131	87
Ponteland ...	55	46	...	...	5	3	...	1	...	...	51	5
Gosforth ...	843	328	1	...	432	28	8	14	14	18	391	422
Rothbury ...	174	21	...	...	120	13	...	1	16	3	18	127
Wallsend...	378	87	1	...	199	19	22	16	16	18	100	206
Warkworth ...												
Whitley ...												
	5,802	1,577	10	...	3,468	267	80	94	143	163	1,897	3,301

# VENEREAL DISEASES REGULATIONS.

The treatment centre provided for County patients under the scheme undertaken by the County Council in conjunction with neighbouring authorities, is at the Royal Victoria Infirmary, Newcastle upon Tyne. In the following table, particulars are given in relation to treatment during 1936, and (for comparison) 1935.

	1935.			1936.		
	Males.	Fe- males.	Total.	Males.	Fe- males.	Total.
1. Under treatment or observation at beginning of year ... ..	236	111	347	236	101	337
2. Returned for treatment after having ceased to attend during any previous year ... ..	27	29	56	23	22	45
3. Dealt with for the first time	259	131	390	291	121	412
4. Number of cases dealt with for the first time known to have received treatment at other Centres ... ..	18	4	22	22	6	28
5. Discharged after completion of treatment ... ..	148	85	233	176	75	251
6. Ceased to attend before completion of treatment ...	128	73	201	116	45	161
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure ...	5	10	15	8	11	19
8. Transferred to other Centres, etc. ... ..	23	6	29	41	19	60
9. Under treatment or observation at end of year ...	236	101	337	231	100	331
10. Cases (included in Item 6) which failed to complete one course of treatment ...	7	21	28	9	8	17
11. Total number of attendances	6,556	3,501	10,057	6,459	3,562	10,021
12A. Total number of in-patients admitted for treatment during year ... ..	13	4	17	6	10	16
12B. Aggregate number of in-patient days of treatment given ... ..	190	270	460	127	306	433
13. Number of cases of congenital syphilis... ..	13	14	27	9	12	21

Irrigation stations are open, morning and evening, for gonorrhoea patients independently of the clinics.

The travelling expenses of necessitous patients to and from the clinics, are borne by the County Council.

Opportunity is afforded to medical practitioners in the area for consultations with the Medical Officer of the treatment centre, and they occasionally attend the clinics.

Bacteriological examinations under the scheme are carried out at the Durham University College of Medicine, Newcastle upon Tyne. The following statement gives the number and kind of tests under-

taken at the laboratory during 1936 and indicates the extent to which medical practitioners availed themselves of the facilities provided by the County Council for such examinations.

Nature of Test.	Number of Tests.		
	For Treatment Centres.	For Hospitals and other Institutions.	For Medical Practitioners.
<i>Microscopical—</i>			
For detection of Spirochetes ...	—	—	—
For detection of Gonococci—			
Serum...	—	—	1
Smears	—	3	18
<i>Serum tests—</i>			
For Wassermann reactions ...	868	473	65
For Gonococcal infection ...	15	1	2
Cerebro-spinal fluid—			
Wassermann reaction ...	—	54	—
General examinations ...	—	1	—
Ascitis fluids for Wassermann reaction ...	—	2	—
Totals ...	883	534	86

*Patients who do not Complete Treatment.*

The following table indicates the percentages of patients who failed to complete treatment during the year. The figures for the year 1935 are also included for comparison :—

		1935.		1936.	
		Male.	Female.	Male.	Female.
Syphilis ...	...	27.3%	41.4%	22.1%	35.0%
Gonorrhoea ...	...	29.5%	33.8%	26.7%	12.5%

In-patients are included in the above figures, as they attend the out-patients clinic after their discharge from the ward.

The following table indicates the number of patients who attended the Out-patients Clinic during the year :—

					Male.	Female.
Syphilis ...	...	...	...	...	199	140
Gonorrhoea ...	...	...	...	...	296	56

MATERNITY AND CHILD WELFARE.

*Professional Nursing in the Home.*

The County Council do not, themselves, employ nurses; this work continues to be carried out by the County Nursing Association to whom grants are made for the purpose. A grant of £510 is made to the general funds of the Association which money is apportioned to the local areas at the discretion of the Executive Committee. Close co-operation exists between the County's staff of Health Visitors and the district Midwives, some of whom are associated with the Child Welfare Centres and Ante-natal Clinics. Where this exists a valuable service is assured to the mother and child with this uniform and efficient system of care given by the two Officers.



TABLE 1.

Table shewing numbers of Births and numbers of Deaths under one year in Urban and Rural Districts and number of Deaths of Infants under one year investigated by Health Visitors during the year ended December 31st, 1936.

		Amble Urban.		Alnwick Urban.		Berwick-upon-Tweed Borough.		Morpeth Borough.		Seaton Valley Urban.		Newbiggin-by-the-Sea Urban.		Prudhoe Urban.		Whitley & Monkseaton Urban.		Haltwhistle Rural.		Hexham Rural.		Rothbury Rural.		Morpeth Rural.		Belford Rural.		Alnwick Rural.		Glendale Rural.		Norham & Islandshires Rural.		Castle Ward Rural.		Bellingham Rural.		TOTAL.		GROSS TOTAL.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Live Births—		38	37	49	52	84	79	64	80	228	210	81	75	61	48	131	133	51	54	125	126	34	33	129	126	38	36	88	77	42	52	37	29	76	74	26	34	1382	1355	2737	
Number of Legitimate Births		...	...	3	2	10	4	3	2	8	10	1	1	2	1	3	4	3	8	11	7	2	2	4	2	1	2	4	2	4	2	3	3	...	2	1	2	57	61	118	
Number of Illegitimate Births		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total Number of Births		38	37	52	54	94	83	67	82	236	220	82	76	63	49	134	137	54	62	136	133	36	35	131	130	40	37	90	81	44	56	39	32	76	76	27	36	1439	1416	2855	
Still Births	Legitimate ...	3	1	1	3	4	2	3	4	13	9	...	2	3	3	6	3	...	1	3	9	3	2	5	6	3	1	...	2	1	1	1	1	3	3	2	...	54	53	107	
	Illegitimate ...	...	...	...	1	...	...	...	...	...	2	1	...	...	...	...	1	...	...	...	...	1	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Total ...	3	1	1	4	4	2	3	4	13	11	1	2	3	3	6	4	...	1	3	9	3	3	5	6	3	1	...	2	1	1	1	1	3	3	2	...	55	58	113	
Deaths of Infants under 1 year	Legitimate ...	2	4	5	1	5	2	4	2	16	19	3	4	2	3	6	11	2	3	10	6	...	1	15	9	3	2	11	4	4	5	2	4	4	2	...	2	94	84	178	
	Illegitimate...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	2	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Infantile Mortality Rates (per 1,000 births)		80.0		56.6		39.5		40.3		78.9		50.6		44.6		70.1		43.1		66.9		14.1		92.3		64.9		87.7		90.0		84.5		39.5		31.7		...	...	64.4	
Number of Deaths Investigated	Legitimate ...	2	4	5	1	5	2	4	2	16	19	3	4	2	3	6	11	2	3	10	6	...	1	15	9	3	2	11	4	4	5	2	4	4	2	...	2	94	84	178	
	Illegitimate	...	...	...	...	...	...	...	...	1	...	...	1	...	...	2	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Total Number of Deaths (under 1 year) investigated...		2	4	5	1	5	2	4	2	17	19	3	5	2	3	8	11	2	3	11	7	...	1	15	9	3	2	11	4	4	5	2	4	4	2	...	2	98	86	184	
Causes of Deaths (under 1 year) in Urban and Rural Districts.																																									
Prematurity ...		1	1	...	...	2	...	2	...	3	3	...	1	...	1	1	5	1	1	3	3	...	...	6	...	1	...	4	...	...	...	2	1	3	1	...	...	29	17	46	
Congenital Debility ...		...	1	1	1	...	...	1	...	...	1	1	1	1	...	1	1	1	1	1	...	...	...	1	1	...	1	2	3	3	...	...	...	...	...	...	...	...	...	...	...
Congenital Deformities, Malformations ...		...	...	...	...	...	...	...	...	2	...	1	1	...	1	2	1	...	...	1	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injuries ...		...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebral Haemorrhage...		...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Inanition and Lack of Vitality		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Asphyxia ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Melaena Neonatorum ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Icterus Neonatorum ...		...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Haemorrhagic Disease...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Difficult Labour ...		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart Failure ...		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Accidentally Overlaid ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...
Convulsions ...		...	...	...	...	2	...	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...
Bronchitis and Pneumonia		...	1	1	...	2	...	1	1	4	1	...	...	...	...	2	1	...	...	...	1	...	...	4	2	...	1	3	...	...	...	1	...	1	...	...	...	...	...	...	...
Gastro Enteritis ...		...	...	1	...	...	...	1	...	6	2	...	...	...	...	1	...	...	...	2	...	...	...	3	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...
Marasmus Malnutrition		...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercular Meningitis...		1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...
Pharyngeal Abscess ...		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...		...	...	...	...	...	...	...	...	4	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pyloric Stenosis ...		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Post Operative...		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Otitis Media Acute ...		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...					



TABLE 2.

Investigated Cause of Deaths of Infants under one year, and Children aged 1-5 years, with age periods at which death occurred during the year ended December 31st, 1936.

[illegible]

TABLE 3.

Investigated Cause of Deaths during the year ended December 31st, 1936, of  
Illegitimate Children under the age of one year, arranged in sanitary districts.

	Seaton Valley Urban.		Newbiggin- by-the-Sea.		Whitley & Monkseaton.		Hexham Rural.		TOTAL.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Number of Illegitimate Births in these Areas ... ..	8	10	1	1	3	4	11	7	23	22
Number of Deaths under one year	1	...	...	1	2	...	1	1	4	2
Number of Deaths investigated...	1	...	...	1	2	...	1	1	4	2
CAUSE OF DEATH.										
Prematurity ... ..	...	...	...	...	...	...	1	...	1	...
Congenital Debility ... ..	...	...	...	1	...	...	...	...	...	1
Measles ... ..	1	...	...	...	...	...	...	...	1	...
Pneumonia... ..	...	...	...	...	2	...	...	...	2	...
Marasmus ... ..	...	..	...	...	...	...	...	1	...	1
TOTAL ... ..	1	...	...	1	2	...	1	1	4	2





### *Infectious Diseases.*

Nursing of the notifiable infectious diseases is not usually undertaken by the County Nursing Association, except in the more remote parts of the County where the resident system of nursing is in vogue, and in those cases of infection directly associated with midwifery.

### *Training of Midwives.*

The County Council do not directly employ (nor does it pay any subsidy to) practising midwives. Under Cir. 559 of the Ministry of Health they are empowered to make grants for the provision of newly trained midwives to work in the County; £850 was granted to the County Nursing Association for this purpose.

The staff of the Association are all state registered midwives and the organisation covers the whole of the County. This ensures that a midwife is available for every woman who requires such service. There are also a number of midwives who practise independently in the more populous parts of the County.

### *Midwives Acts, 1902-1926.*

The County Council is the Local Supervising Authority for the administration of the Midwives Acts in the administrative County. The position of the Midwifery service is as follows :—

District Nurse Midwives (attached to Nursing Associations)	237
Independent Midwives in practice	42
Employed in Institutions	4
Total	<u>283</u>

From the above it is evident that the County is well supplied with midwives who are available for attendance upon women either as midwives or maternity nurses.

During the year 30 midwives left the County.

The supervision of midwives is carried out by the County Medical Officer and his assistants. The Superintendent of Health Visitors and the Superintendent of the County Nursing Association are both Inspectors of Midwives and report directly to the County Medical Officer.

It was necessary to caution one midwife for personal uncleanness and a second for an infringement of the Rules of the Central Midwives Board with regard to her bag and appliances. 1,161 Visits of inspection were made during the year.

### *Cases taken by Midwives in the Homes.*

Total Number of Births.	Cases taken as		Still-births.	Maternity cases delivered by Midwife before arrival of doctor.
	Midwife.	Maternity Nurse.		
Live ... 6,205 Still ... 272 <u>6,477</u>	2,404	3,879	39	1,552

*Still-births.*

The total number of still-births registered in the County was 272; of these 39 were delivered by midwives acting as such in the homes.

*Requests by Midwives for Medical Aid.*

Midwives are required by the Rules of the Central Midwives Board to call in medical assistance for any abnormality, illness, or unsatisfactory condition of the mother and baby, which may arise in her practice and to send a copy of such medical aid form to the Local Supervising Authority.

In the 6,220 cases attended by midwives there were 426 notices that such attendance by a doctor was necessary.

*Claims for Fees.*

Under the Midwives Act, 1918, it is a statutory obligation upon Local Supervising Authorities to pay the fees of medical practitioners called in by midwives in the emergencies defined by the rules of the Central Midwives Board; the fees paid are in accordance with a scale laid down by the Ministry of Health and the County Council endeavours to recover from the patient, or those responsible for her, the whole amount, or such proportion of it as the financial circumstances of the case appear to justify. Immediately upon receipt of a claim from the medical practitioner a letter is despatched to the patient intimating that a claim has been made by the doctor for a certain amount, which is recoverable by the Council under certain conditions. It is further pointed out that should the patient be unable to refund the whole of the fee, a return of her financial circumstances should be forwarded to the County Medical Officer on a form provided to enable the special sub-committee, which considers the remission of these fees, to arrive at a decision. During the year the total fees paid to doctors amounted to £531 12s. 7d., of which £124 12s. 11d. was afterwards recovered from the patients.

*Ante-natal Care of Mothers.*

There is still very great difficulty in persuading women to undergo ante-natal examination and such Clinics as have been provided by the County Council are not used to the fullest extent. In remote areas where mothers could not be expected to travel long distances to a particular Centre, arrangements have been made whereby the District Nurse engaged to attend uninsured women in their confinements may call in the patient's own medical attendant to carry out Ante-natal and Post-natal examinations either at his surgery or at the patient's own home.

The Council pay a fee of 5/- plus a mileage fee for each such examination and report.

During the year 7 mothers were given such examination. This scheme is worked on similar lines to the calling in of a doctor in an obstetrical emergency.

The Council's Clinics already established in the populated areas have not been increased in number. In some there is close co-operation between the mothers, their medical attendants and the Clinics, in others there is a half-hearted co-operation inasmuch as the doctor shows indifference to the attendance of the patient. In many districts there is a total lack of co-operation with any service provided.



The following statement gives an indication of the work done :—

Name of Clinic.	No. of Sessions Clinic was open.	No. of Mothers attending.		No. of attendances made.		No. of Consultations.	Post-Natal Consultations.
		Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.		
Cramlington ...	25	16	—	34	—	34	—
Dudley ...	3	9	—	11	—	11	—
Haltwhistle ...	26	46	36	107	70	104	70
Lynemouth ...	12	21	—	68	—	67	—
Newbiggin-by-Sea	25	64	58	178	60	130	—
Prudhoe ...	48	100	85	331	86	331	86
Shiremoor ...	13	43	25	90	25	90	25
Stocksfield ...	10	17	4	47	4	47	4
Whitley Bay ...	19	61	32	151	54	151	54

There is need for additional Clinics but experience shows that at present women will not use them and if the Medical Officer is a general practitioner the patients of other doctors do not attend. It should be borne in mind that every woman ought to have two ante-natal and at least one post-natal examination and this should be undertaken by an experienced obstetrician.

Ante-natal examinations have not been confined to specific Ante-natal Clinics. During the year 110 mothers attended the ordinary sessions of the Maternity and Child Welfare Centres, 169 consultations with the doctor were registered. Thus the total number of mothers attending the Council's Clinics was 487, being 16.4 per cent. of the births in the administrative county for Maternity and Child Welfare purposes.

In rural areas the midwife usually acts as Maternity Nurse only, the doctor being booked for the case and is, therefore, responsible for the ante-natal examination of the mother in her home.

#### *Ante-natal Consultant Service.*

Women who have been examined either at the Council's Clinics or by their own medical attendants and who are considered to be requiring Specialist examination may be sent by appointment to Newcastle to be seen by one of a Panel of Obstetric Consultants appointed by the County Council. Consultation fees and travelling expenses of the patient, and a woman friend are paid by the Council. In the event of the woman being unable to travel, the Consultant visits the patient in her own home.

During the year 27 women were sent for Consultation under this scheme and the following indicates some of the conditions found on examination :—

- Abnormality of Pregnancy.
- Pelvic Deformity.
- Albuminuria and raised blood pressure.
- Intermittent Uterine Hæmorrhage.
- Mal-presentation and position of head.
- Continuous pains in right Iliac region.
- Breech Presentation.
- Head above brim.
- Previous difficult labour.
- Prolapsed Uterus.

*Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations 1926.*

Under these Regulations the County Council are empowered to make provision for the special treatment of any lying-in women living within the Maternity and Child Welfare area of the County who may be suffering from any Puerperal infection.

The medical practitioner is required to notify the district medical officer of health when he first becomes aware that a woman upon whom he is in attendance is suffering from Puerperal Fever or Puerperal Pyrexia. The district medical officer forwards a copy of all such notifications to the County Medical Officer.

The midwife is also obliged, under the Rules of the Central Midwives Board, to notify the local Supervising Authority (this being the County Council) of any case in which there is a rise of temperature above 99.4°F. on three successive days, or where a temperature of 100.4°F has been sustained during a period of 24 hours, or its recurrence within that period.

The Schedule requires that medical practitioners should be able to obtain any or all of the following :—

- (a) The services of a Consultant Obstetrician ;
- (b) Bacteriological examination of discharges ;
- (c) Skilled nursing in the home ;
- (d) Removal of the patient to hospital ;
- (e) Provision of anti-bactericidal serum.

The County Council's panel of Obstetrical Consultants includes :—

Professor Ranken Lyle, M.D.  
 Mr. Farquhar Murray, M.D., F.R.C.S.  
 Mr. Harvey Evers, M.S., F.R.C.S.  
 Mr. F. E. Stabler, M.D., F.R.C.S.  
 Mr. W. Hunter, M.B., B.S.

The services of the Consultants were utilised in 27 cases. The following statement gives an indication of the nature of the cases encountered during the year.

*Puerperal Fever and Puerperal Pyrexia.*

Cases delivered by Midwives as such.	Medical Aid sent for, Rise of Temp.	Diagnosed Puerperal Fever, Puerperal Pyrexia.	Total cases Notified.	Treatment at		Deaths.
				Home.	Hospital.	
2,404	15	6	49	31	18	1

*Provision for Complicated Cases of Midwifery.*

Similarly, in complicated or difficult cases of midwifery, the medical attendant may call for the assistance of one of the Consultant Obstetricians who, if necessary, may deliver the woman in her own home. If institutional treatment is imperative the patient can be removed to the Princess Mary Maternity Hospital by ambulance. In necessary cases this is provided free.

*Maternal Mortality.*

The following statement shows the Maternal Mortality rates classified under the headings of Puerperal Sepsis, and other causes, and for the purpose of comparison figures are also included below for the whole of England and Wales.

Year.	Puerperal Sepsis.		Other Puerperal Causes.		Total Deaths.	Rate per 1,000 Births.	Total Births.
	Deaths.	Rate per 1,000 Births.	Deaths.	Rate per 1,000 Births.			
1927	12	1.61	15	2.01	27	3.62	7,470
1928	6	0.80	18	2.40	24	3.20	7,486
1929	11	1.60	22	3.20	33	4.80	6,885
1930	17	2.41	22	3.13	39	5.55	7,025
1931	11	1.62	18	2.64	29	4.26	6,801
1932	22	3.22	24	3.51	46	6.73	6,838
1933	20	3.04	22	3.34	42	6.38	6,578
1934	15	2.25	21	3.16	36	5.42	6,642
1935	9	1.36	14	2.11	23	3.47	6,612
1936	10	1.54	16	2.47	26	4.01	6,477

England and Wales :—

Puerperal Sepsis	...	...	1.34
Other Puerperal Causes	...	...	2.31

3.65

The following statement indicates the various County districts where Maternal Deaths occurred :—

District.	Puerperal Sepsis.	Other Puerperal Causes.	Total.
Wallsend Borough ...	2	2	4
Amble U.D. ....	—	1	1
Ashington U.D. ...	1	1	2
Longbenton U.D. ...	—	1	1
Newbiggin-by-the-Sea U.D.	1	1	2
Newburn U.D. ...	—	2	2
Prudhoe U.D. ...	1	2	3
Seaton Valley U.D. ...	2	1	3
Whitley & Monkseaton U.D.	1	—	1
Alnwick R.D. ...	—	1	1
Belford R.D. ...	—	1	1
Castle Ward R.D. ...	—	1	1
Glendale R.D. ...	1	—	1
Haltwhistle R.D. ...	1	—	1
Hexham R.D. ...	—	2	2
Totals ...	10	16	26

*Ophthalmia Neonatorum.*

Ophthalmia Neonatorum is defined as any purulent discharge from the eyes of an infant occurring within twenty-one days from the date of birth. The Regulations governing the notification of this disease came into force on 1st April, 1926, and the duty of notification is placed upon the medical practitioner in attendance.



The following statement gives the number of notifications of inflammation of the eyes received from midwives and the number of notification of Ophthalmia Neonatorum received under the above regulations from Medical Practitioners :—

No. of Births attended as Midwives.	Medical aid sought by Midwife.	Diagnosis made of Ophthalmia Neonatorum.	Total cases Notified.	Total admitted to Hospital.	Nursed at home.	Total Recovery.
2,404	5	2	11	3	8.	11

### *Maternity Hospitals.*

The County Council does not maintain any maternity hospitals directly. Difficult and complicated cases or those in which the medical practitioner cannot safely deliver the woman in her own home are admitted to the Princess Mary Maternity Hospital, or to the Preston Hospital, North Shields. In the former the County Council, by arrangement, pay the whole of the fee in necessitous cases, or the balance of any sum which the patient cannot afford. During the year 224 such cases were admitted at a cost to the Council of £504 15s. 9d. In the latter, cases are paid for at the Public Assistance Committee's rate.

In the following hospitals beds are available and medical practitioners may send their patients there :—

The War Memorial Hospital, Haltwhistle;  
 The Tynedale Maternity Hospital, Corbridge;  
 The Willington Quay Maternity Hospital;  
 The Wallsend and Willington Quay Maternity Hospital.

Substantial grants are made by the County Council to the Willington Quay and Corbridge Maternity Hospitals.

### *Nursing Homes Registration Act, 1927.*

Under this Act all Nursing Homes are required to be inspected, approved, and registered, by the local Supervising Authority. No new applications were received; six Homes comply with the conditions required and are registered.

### *Babies Hospital, West Parade, Newcastle upon Tyne.*

This hospital admits babies suffering from congenital defects, infantile ailments and tuberculosis. Patients are admitted on the recommendation of their own medical attendants and during the year 20 children were treated. An annual grant of £300, is made to the hospital.

### *Convalescent Treatment of Mothers.*

This continues to be one of the most valuable services provided by the Council. Mothers who are in attendance at one of the ante-natal clinics or child welfare centres, and who are certified to be suffering from some debility or illness associated with pregnancy, or childbirth, are offered two weeks rest in the country or at the seaside at carefully selected lodgings in Rothbury, Newbiggin-by-the-Sea, Riding Mill, Stocksfield, Wooler, and at the Rest House, Whalton.

During the year 85 mothers were sent.

*Dental Treatment.*

Dental treatment is provided for ante-natal and nursing mothers, and children under school age.

The following indicates the work done :—

Number of Patients.	Attendances made.	Extractions.	Sealings. Fillings.	Other Operations.	Impressions taken.	Try-ins, Bites, Adjustments.	Anaesthetics.	
							Local.	General.
Adults ...	355	486	59	45	52	63	421	5
Children ...	52	30	41	—	—	—	—	1

The sum of £24 16s. 10d. was collected in fees.

*Health Visiting Service.**Notification of Births Acts, 1907 and 1915.*

During the year 2,855 live births (2,737 legitimate and 118 illegitimate), and 113 still-births (107 legitimate and 6 illegitimate) occurred in the administrative county. Under the above Act the obligation to notify a birth is placed upon

- (a) The father of the child if he is actually residing in the house where the birth occurs;
- (b) Any person in attendance upon the mother, up to six hours after the birth.

The following shews the number notified and registered :—

	<i>Notified.</i>				<i>Registered.</i>			
Live	...	...	...	2,359	...	...	...	2,855
Still	...	...	...	49	...	...	...	113
				<hr/> 2,408				<hr/> 2,968

Failure to notify is chiefly due to ignorance of the Law or to the belief that the birth would be notified by some other person.

The districts for which the County Council is responsible as the Maternity and Child Welfare Authority are :—

*Boroughs* :—Berwick-upon-Tweed, and Morpeth.

*Urban Districts* :—Alnwick, Amble, Newbiggin-by-the-Sea, Prudhoe, Seaton Valley, Whitley & Monkseaton.

*Rural Districts* :—Alnwick, Belford, Bellingham, Castle Ward, Glendale, Haltwhistle, Hexham, Morpeth, Norham & Islandshires and Rothbury.

*Infantile Mortality.*

The rates of Infant Mortality per 1,000 live births for the whole of the administrative County, for the County area for Maternity and Child Welfare purposes, and for England and Wales are shewn below :—

Whole County	...	...	...	...	70
Maternity and Child Welfare County	...	...	...	...	64
England & Wales	...	...	...	...	59

*Death Rate for Illegitimate Children.*

Of the 118 illegitimate children born, 6 died before they reached the age of one year. The following table gives the comparison with children born in wedlock :—

Number of Legitimate live births in Council's area	...	2,737
Do. Illegitimate live births	do. do.	118
Total live births	...	2,855

Number of deaths of legitimate infants	178 = 65	deaths per 1,000 legitimate births
Do. illegitimate infants	6 = 50.8*	deaths per 1,000 illegitimate births
Total deaths	184 = 64.4	deaths per 1,000 births.

\* This is a most unusual figure. The numbers are very small and deductions cannot be safely made, but it would appear to suggest that in this year at any rate the illegitimate mothers produced sounder and more sturdy infants.

Of the 184 deaths of infants under the age of one year 65 died before they reached the age of one week, and a further 37 before they reached the age of four weeks. An analysis shows the principal cause of these deaths to be—

Prematurity	...	37
Congenital defects, and injuries at birth	...	12
Congenital debility	...	22
Bronchitis and pneumonia	...	2

Between the ages of four weeks and one year analysis shows the principal causes of death to be—

Prematurity	...	9
Congenital defects and injuries	...	5
Congenital debility	...	2
Bronchitis and pneumonia	...	25

In the Council's scheme under the Notification of Births Acts the Administration has not materially altered. The County is divided into districts in each of which there is a resident Health Visitor who undertakes all the duties of the Maternity and Child Welfare Service, School Medical Service, and the Tuberculosis Service. In addition she carries out duties in the Ante-natal Clinics, Child Welfare Centres, Immunisation Clinics, Ante-natal Dental Clinics, Toddlers Dental Clinics, Distribution of Milk to necessitous mothers and children, Medical Inspection of school children, School Dental Clinics, Minor Ailments Clinics, Ophthalmic Clinics, Tuberculosis Dispensaries and carries out all the home visiting in connection with the work. One health visitor is employed in the Wallsend area for Tuberculosis work alone.

The following is a summary of the number of visits made by the staff for Maternity and Child Welfare; other work is recorded elsewhere under the appropriate headings.

Live Births registered in Administrative County.	First Visits to Infants.	Re-visits to infants under the age of 1 year.	Visits to Children, age 1—5 yrs.	Ante-Natal Visits.	
				First Visits.	Re-Visits.
2,855	2,736	7,770	21,282	265	269



TABLE 4.

## Infant Welfare Centres.—Report on Work for Year ended December 31st, 1936.

NAME OF CENTRE.	Number of Children transferred from 1935 Register to 1936 Register.		Number of Children who attended a Centre for the first time during the year.		Total Number of Attendances at Centre.		Number of Children who attended during the year and at end of the year.		Consultations made by Medical Officer.		Mothers and Infants.	Visits of Medical Officer for Consultation.	Number of Half-day Sessions each Centre was open.			Number of Deaths of Children attending the Infant Welfare Centres.		Name of Medical Officer attending.
	Aged under 1 year.	Aged 1—5 years.	Aged under 1 year.	Aged 1—5 years.	Under 1 year.	Years 1—5.	Under 1 year.	Between 1 and 5 years.	Mothers.	Children.			No. of Cases who received Milk during the year.	Number of Sessions.	For Distribution of Food.	For consultation with Doctor or Health Visitor.	For Combination of these Services.	
Alnwick ... ..	34	112	83	14	1,114	767	62	181	204	233	71	20	50	50	...	2	3	Dr. Bunting, Asst. County M.O.H.
Amble ... ..	38	67	61	12	831	841	40	144	354	364	69	22	51	51	...	1	1	Dr. O'Sullivan, Asst. County M.O.H.
Backworth ... ..	52	129	73	8	848	572	58	129	968	1,000	15	47	...	...	52	2	...	Dr. Glen Davison.
Berwick ... ..	36	14	55	3	956	234	52	46	383	383	41	23	...	...	51	...	...	Dr. MacLagan, M.O.H.
Cramlington ... ..	41	48	78	9	973	392	67	109	281	792	70	25	51	51	...	3	1	Dr. Quinn.
Dudley ... ..	34	53	21	4	147	104	5	107	275	276	61	7	13	13	...	...	...	Dr. Thompson.
Haltwhistle ... ..	29	59	49	16	819	758	39	117	28	705	74	25	49	49	...	1	...	Dr. Thompson.
Lynemouth ... ..	27	25	48	7	643	238	41	66	99	118	8	12	...	...	51	1	...	Dr. Skene.
Morpeth ... ..	68	17	96	3	861	602	82	102	1,022	1,120	77	50	51	51	...	2	1	Dr. Dickie.
Newbiggin-by-the-Sea ... ..	84	57	114	38	2,268	1,389	98	109	210	395	85	25	51	51	...	1	1	Dr. Angus, M.O.H.
Pegswood ... ..	13	21	39	...	596	172	34	39	426	426	10	46	...	...	50	...	...	Dr. Dickie.
Prudhoe ... ..	83	118	110	14	2,088	2,453	134	162	859	927	58	33	51	51	...	1	...	Dr. Dewell, Asst. County M.O.H.
Red Row (Broomhill) ... ..	41	75	74	11	954	481	60	141	360	387	91	26	...	...	52	2	1	Dr. Scott.
Seaton Burn ... ..	15	22	11	1	135	53	23	25	60	60	23	5	...	...	13	...	1	Dr. Ogilvie.
Seaton Delaval ... ..	60	128	107	8	1,680	1,510	80	223	388	388	110	23	52	52	...	4	1	Dr. Ogilvie.
Seghill ... ..	34	54	47	4	738	630	43	96	316	316	12	45	...	...	51	2	...	Dr. Henderson.
Shiremoor ... ..	49	62	60	10	912	725	54	132	453	453	59	26	51	51	...	3	2	Dr. Thompson.
Stocksfield ... ..	24	55	51	18	575	739	35	113	488	572	30	26	...	...	52	...	1	Dr. Ogilvie.
Whitley Bay ... ..	60	55	146	14	1,938	562	115	160	900	900	67	38	51	51	...	1	...	Dr. Thompson.
Belford ... ..	15	5	17	17	247	74	17	37	285	308	5	26	...	...	26	...	1	Dr. McDonald, M.O.H.
Corbridge ... ..	9	23	29	8	264	188	20	49	180	208	9	12	...	...	29	1	...	Dr. Turnbull.
Dinnington ... ..	30	39	38	8	485	314	29	60	312	312	58	23	...	...	51	...	...	Dr. Bolt.
Haydon Bridge ... ..	23	34	20	6	369	459	18	65	161	161	8	12	...	...	51	1	...	Dr. Miller.
North Seaton ... ..	19	17	20	9	398	248	21	19	89	154	17	12	...	...	51	...	...	Dr. Angus, M.O.H.
Ponteland ... ..	10	23	29	7	480	321	23	46	149	149	18	12	...	...	51	1	...	Dr. Bolt.
Rothbury ... ..	7	39	10	5	135	574	8	53	83	116	1	12	...	...	52	...	...	Dr. Bolt.
West Monkseaton ... ..	32	25	71	21	917	370	83	66	440	440	10	26	...	...	50	...	...	Dr. Thompson.
Wooler ... ..	14	49	18	12	383	347	33	60	88	88	4	22	...	...	51	1	...	Dr. Bousfield.
MILK SALES CENTRE. Radcliffe ... ..	15	26	23	10	323	157	26	57	...	...	26	...	...	...	51	1	...	



### *Training and Supply of Health Visitors.*

In the first six months of the year there were many vacancies on the County Health Visiting Staff and it was found exceedingly difficult to fill them with the right type of nurses; it was not until after July when these vacancies were filled by a number of women who had finished their training under the County Scheme at the College of Nursing, London, that it was possible to maintain a full service.

### *Child Welfare Centres.*

There were 26 Centres under the control of and financed by the County Council, three of which are staffed by one of the Council's Assistant Medical Officers and the remainder by local practitioners acting as part-time officers. These Centres are held in buildings rented for the specific purpose, many of them being very unsuitable.

Church and Chapel rooms	...	...	...	...	13
Institute, Village Halls	...	...	...	...	7
Wooden Hut	...	...	...	...	1
Offices rented from local authorities	...	...	...	...	2
Council House	...	...	...	...	1
Rooms attached to Hospital	...	...	...	...	1
Nurses' Home	...	...	...	...	1

In September, the Chairman of the Maternity Committee officially opened a newly erected Centre at Prudhoe to replace the wooden hut previously rented.

### *Supply of Milk to Expectant and Nursing Mothers, and Children under the age of three years.*

Arrangements are in force for the provision of dried milk and cocoa at cost, or at reduced price, or free, to mothers and children attending the County Child Welfare Centres, and on the recommendation of the Medical Officer in charge of the Centre.

Dried Milk is used because of the convenience in handling and also to the fact that there is very little provision for the sanitary storage of liquid milk in the houses of pit villages; further, its concentration is readily understood by the mother to the needs of the children.

The milk is supplied to nursing mothers, expectant mothers during the last two months of pregnancy, and to children under the age of 3 years, and on receipt of a medical certificate, to children up to the age of 5 years.

Applicants are required to fill in a form giving full particulars of income, number in family, etc. This information is verified and milk or cocoa is supplied for a period of four weeks either free, or reduced rate. Further application must be made at monthly intervals so long as the food is required.

Dried milk was supplied by the Creamery Co., Garstang, Lancs., on contract; Virol and Numol is supplied, or sold, in the circumstances mentioned above to any mother attending the Centre.

The following table shows the quantities sold, or distributed :—

	Sold at reduced retail price.	Sold at half reduced retail price.	Distributed free.
Dried Milk	13,997 lbs.	4,200 lbs.	24,051 lbs.
Virol and Numol	3,310½ lbs.	74½ lbs.	670½ lbs.
Maltoline, etc.	35 lbs.	5 lbs.	13½ lbs.



The following table indicates the cost to the County in supplying these foods, etc., free or at half price, also the amount spent during the year by purchasers :—

	Purchased by Parents.						Cost to the County Council.					
	At reduced retail price.			At half reduced retail price.			At half reduced retail price.			Free.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Dried Milk ...	754	13	7	125	10	2	64	6	9	1,108	11	11
Virol and Numol	229	3	5	2	17	10	2	3	1	42	5	9
Maltoline, etc. ...	7	4	0	0	3	4	0	2	6	2	12	9
Totals ...	991	1	0	128	11	4	66	12	4	1,153	10	5

#### *Detection, Prevention and Treatment of Crippling in Infants.*

The County Council's Maternity and Child Welfare Scheme provides for the diagnosis and treatment of orthopædic defects at the Clinics established at six Centres, or, if necessary, at the home of the patient. When Hospital treatment is indicated the child is received into the W. J. Sanderson Orthopædic Hospital School for Crippled Children, Gosforth. Eight cases were treated in hospital, 3 of which were admitted during the year. Cases requiring treatment are usually referred by medical practitioners, district nurses, and midwives to the Clinics established below :—

Clinic established.							Individual cases attending during the year.
Alnwick ...	...	...	...	...	...	...	17
Ashington ...	...	...	...	...	...	...	29
Bedlington ...	...	...	...	...	...	...	4
Morpeth ...	...	...	...	...	...	...	7
Gosforth ...	...	...	...	...	...	...	40
Hexham ...	...	...	...	...	...	...	15

#### *Prevention of Deafness.*

Facilities are provided under this scheme for the treatment of defects and diseases of the nose and throat, at the Rye Hill Hospital, and the Alnwick Infirmary. Removal of Tonsils and Adenoids, and cases requiring operative treatment for Mastoid disease are also referred for treatment at a fee agreed upon by the Council.

Under this scheme 59 children received treatment during the year. It is satisfactory to note that parents are anxious to take advantage of these facilities and an increased number of children suffering from defects received treatment.

#### INFANT LIFE PROTECTION.

The powers and duties imposed for the protection of infant life contained in Part I of the Children Act, 1908, and (amended by the Children and Young Persons Act, 1932) were transferred to Maternity and Child Welfare Authorities in 1929.

All children under the age of nine years maintained for reward, apart from their parents, or who have no parents, must be kept under supervision. The Council's Health Visitors act in their respective districts and supervise the health and welfare of these children.

At the beginning of the year 22 Foster Mothers were registered, one of whom had two children in her care, the remainder having one child each to look after. During the year a further six Foster Mothers were registered, each of whom received one child; six children were returned to the care of their mothers, two to another authority (The Longbenton Urban District Council) and one to the Hexham Resident Nursery; two reached the age of nine years.

At the end of the year there were eighteen women registered as Foster Mothers each having one child under her care.

In addition one Preparatory School reported the admission of four boys who all reached the age of nine years during 1936.

Health Visitors made 100 visits of supervision to the homes; only one unsatisfactory report was made and the child concerned was removed on the advice of the County Medical Officer.

#### BIRTH CONTROL.

The arrangements with regard to birth control remained the same as were in operation during the previous year. No change is reported in the administration of Birth Control Institutions. These are established in Ashington and Newcastle and each is controlled by a Voluntary Committee. Women attending the Child Welfare Centres in whom further pregnancies would be detrimental to health are referred to their own doctor who may instruct them to seek the advice offered at these Clinics. A fee of 7/6 is paid on their behalf. Advice is not given at the Child Welfare Centres controlled by the County Council.

#### ORTHOPAEDIC TREATMENT.

Provision continued to be made during the year for the treatment of patients of all ages suffering from Orthopaedic defects, with the exception of adults showing active tubercular symptoms. Institutional treatment was provided at the W. J. Sanderson Home, Gosforth, for children (particulars relating to these cases will be found in the Maternity and Child Welfare portion of this report on page 84) and at the Shropshire Orthopaedic Hospital, Oswestry, for adults; during the year one adult received treatment at this Hospital.

The following Clinics were in operation at the end of the year ;—

Alnwick—The Infirmary.

Ashington—The School Clinic, Lintonville Terrace.

Bedlington—Welfare Centre, Guide Post.

Cramlington—26, Hawthorn Villas.

Gosforth—War Memorial Hall.

Hexham—War Memorial Hospital.

Morpeth—Congregational Church Hall, Dacre Street.

Prudhoe—Council Buildings.

Rothbury—Jubilee Hall.

Those authorities which are autonomous for Maternity and Child Welfare purposes make their own arrangements for institutional treatment; the County Council Orthopaedic Clinics, however, are available for patients resident in these areas and the respective authorities pay 2/6 per attendance for each case received and treated; this charge covers massage, the application of plaster bandages and examination by the Orthopaedic Surgeon, but does not include the provision of splints or any medical treatment outside the Clinic.



## BLIND PERSONS ACT, 1920.

*Administration.*

The Blind Persons Act in the County of Northumberland continues to be directly administered by the County Council, and there is increasing evidence of the wisdom of such an arrangement. There were 495 blind persons on the Register on January 1st, 1936, as compared with 508 on January 1st, 1935. During the year 62 new cases were registered, 63 blind persons died or left the County, whilst 13 cases were de-certified; on December 31st, 1936, there were 481 names on the Register, a decrease of 14 during the year. The number of cases de-certified includes those whose vision was restored by operative treatment, either under the Council's scheme for the prevention of blindness or in the wards of the Royal Victoria Infirmary and the Newcastle upon Tyne Eye Hospital.

Last year it was pointed out that it was a considerable advantage for Blind Welfare work generally to have behind it the resources of the Public Health department. This statement remains true and is further emphasized by the fact that behind the Public Health Department are the prestige, stability and resources of the County Council itself. It is also increasingly evident that it is an advantage if the Medical Officer of Health is responsible for the administration, more particularly when the importance of the preventive side is revealed.

Every applicant for registration is examined by the Council's ophthalmic surgeon (who is in charge of beds at the Newcastle upon Tyne Eye Hospital), this service being in accordance with the recommendation contained in Circular 1353 of the Ministry of Health. A fee of 25/- is paid for each examination and certification, Form B.D.8 being used. The arrangements which were in force last year for the examination of bed-fast and senile patients still hold good; the patients are either visited by the ophthalmic surgeon in their own homes, or are brought by motor-car to his consulting rooms.

During the year, 105 persons made application for registration: 53 were found to be not blind and were not registered. During 1935, 106 persons applied for registration, 37 being certified to be not blind. These figures are of some importance. One person who had previously been certified to be blind was de-certified by the ophthalmic surgeon and the name removed from the Register.

*Sighted Dependants of Blind Persons.*

The County Council having made a Declaration under Part I, Section 5, of the Local Government Act, 1929, sighted dependants of blind persons are relieved through the Blind Persons Act Committee, acting on behalf of and subject to the general direction and control of the Public Assistance Committee. Applications for relief in the first instance are made to the Public Assistance Officer, but subsequent investigations are carried out by the Home Teachers. During 1936, relief was granted in respect of 68 sighted dependants, a total of £787 9s. 8d. being expended in this connection.

*Home Teachers.*

The Home Teachers visit all blind people regularly in their homes, supervise their welfare and render assistance in a variety of ways. They investigate every case referred to the County Medical Officer, supplying the necessary forms of application for registration, financial assistance, etc. Those persons in receipt of domiciliary assistance or dependants' allowances require to be visited more frequently, it being necessary to review the circumstances regularly. Suitable persons are taught Braille and Moon type reading, and handicrafts such as rug-making, basket-making and hand-knitting.



During the year the following visits were paid by the three Home Teachers :—

	No. of visits.
Social welfare ... ..	4,189
Supervision of Home Workers ... ..	315
Instruction ... ..	75
Investigation of new cases ... ..	105
	<hr/>
	4,684
	<hr/>

The work continues to increase. One of the Home Teachers has been provided with a motor-car, and it has been demonstrated that her efficiency has been increased by 50 per cent. On these grounds it has been decided to purchase a second car for one of the other Home Teachers.

#### *Home and Casual Workers.*

On January 1st, 1936, the number of Approved Home Workers in the County was 6. During the year one man commenced employment under the Home Workers Scheme as a basket-maker. His work was of poor quality and did not improve; after a few months it was therefore decided to terminate his employment and to grant him financial assistance as an unemployable blind person.

Two Approved Home Workers obtained employment in the Workshops for the Adult Blind, and at the end of the year four names remained on the County Council's list :—

Piano tuners ... ..	2
Basket maker ... ..	1
Machine knitter ... ..	1
	<hr/>
	4
	<hr/>

Under the Home Workers' Scheme men receive 100% subsidy on their earnings up to a maximum of 15/- per week; women receive 100% subsidy without maximum.

In December, 1936, there were 16 Casual Workers in the County, 11 being in receipt of domiciliary assistance at a fixed rate, and 5 receiving wages on a piece-work basis. Two Casual Workers who received domiciliary assistance obtained employment in the Workshops for the Adult Blind.

#### *Workshops for the Adult Blind.*

Twenty places in the Newcastle upon Tyne Workshops for the Adult Blind have been reserved for trained blind persons from the County of Northumberland, but it is found that this number is not sufficient. The matter is being further considered by the appropriate sub-Committee.

An arrangement has been entered into between the County Council, the City of Newcastle and the County Borough of Gateshead, that the Authority in whose area a blind person is resident at the time of his admission to the Workshops, shall continue to be responsible for him so long as he is employed in the Workshops, whether he continues to reside in that area or becomes resident in the area of either of the other two Local Authorities.

#### *Sales of Goods.*

In order to dispose of the goods made by Approved and Casual Home Workers, exhibitions and sales of work are held in various parts of the County. During 1936 Sales were held at Gosforth, Alnmouth

and Whitley Bay, and stalls were arranged at the Annual Show of the County Agricultural Society at Alnwick, and at the Annual Show of the Glendale Agricultural Society at Wooler.

Many private orders are received and dealt with in the Department, and through contract with the Public Assistance Committee, machine-knitted socks and stockings are supplied to the Public Assistance Institutions in the County.

### *Employment of the Blind.*

The problem of providing employment for blind persons in suitable occupations is one of the most difficult in connection with any scheme for their welfare, and is complicated by the necessity for disposing of the goods produced as the result of their employment. Blindness, being a physical handicap, increases the costs of production; the goods may lack quality and finish and therefore command lower prices. When a competitive market has to be entered, sympathy and sentiment count for very little; highly finished goods at the cheapest rate must be produced. Charitably minded persons, disposed to overlook roughness during periods of commercial prosperity, are less sympathetic and tolerant in times of depression, and are not so ready to pay comparable prices for inferior goods. When trade is bad there is no room for the blind worker: buyers have the option of purchasing goods made by sighted individuals, who are considered to have a prior claim. It is at this juncture that the centuries-old psychology of the public towards the blind begins to operate. They are regarded immediately as objects of charity and are referred to the appropriate organisations for dealing with such cases. It is difficult to separate charity from patronage, and the unfortunate individual feels instinctively that he is different from the rest of his fellows. Many people overlook the fact that blind men and women may have aspirations and ambitions similar to their own and that they long for nothing better than to be treated on terms of equality, at least socially, with the rest of the world.

There are apparently two schools of thought :—

(i) Those who believe that Workshops for the Blind ought to be provided (based more or less upon charitable organisations), and that such Workshops should be in a position to compete with commercial undertakings. (It is difficult to understand how this can ever be done, but it is nevertheless true that many people persuade themselves that it can be, and that in the doing of it the independence of the blind person is preserved.)

(ii) Those who regard employment as incidental and necessary to physical and moral wellbeing, and are of the opinion that it is impracticable, and often undesirable, to consider the employment of blind persons on an economic basis.

Most probably the latter is the correct view to take with regard to this problem; it is more than likely that large sums of public money are expended on the erection of large Workshops, and the appointment of highly paid staffs to supervise and direct these undertakings, when really what is required is the provision of Occupational Centres. It is possible that a long distance will require to be travelled before this view is generally accepted, but that it is worthy of consideration and examination is very strongly urged.

### *Wireless for the Blind.*

Under Section 1 of the Wireless Telegraphy (Blind Persons Facilities) Act, 1926, 49 certificates enabling blind persons to obtain free wireless licences were issued during the year.



The Department continues to distribute sets in the County on behalf of the British Wireless for the Blind Fund, and up to December 31st, 1936, 359 sets had been allocated.

Mr. A. E. George, of Newcastle, has again given valuable assistance by overhauling gratuitously sets reported to be giving unsatisfactory service. All sets are re-examined by him before re-distribution.

### *Education.*

During the year 9 children were receiving elementary education at the Royal Victoria School for the Blind; 19 adults (11 men and 8 women) also received training in this institution.

One male student at the Royal Normal College for the Blind, London, completed his training in July, 1936, but returned to the College by private arrangement for a further period of twelve months to study at the Royal Academy of Music. Another male student who had been undergoing a course of training at the Massage School of the National Institute for the Blind, London, successfully passed his final examination in May, 1936, and became a Chartered Masseuse, qualified in massage, remedial exercises and electrotherapy. He has commenced practice on his own account, is doing well, and has in every way justified the expenditure incurred on his training.

### *Dental Treatment.*

An arrangement has been made with the Education Committee for the County dental surgeons to give treatment at the Dental Clinics and in the Dental Vans to blind persons, the Blind Persons Act Committee being responsible for the cost. During the year 10 blind persons received treatment free of charge, artificial dentures being supplied where necessary at a very much reduced rate.

### *Prevention of Blindness.*

The County Council has an arrangement with the Authorities of the Newcastle upon Tyne Eye Hospital and the Royal Victoria Infirmary for the admission of approved cases to the private wards for operative treatment of senile and other forms of cataract, a fee of 10s. per day being paid, which includes all medical services; out-patients receive treatment at a fee of 2s. per attendance.

During the year twelve cases were dealt with under this scheme; in eleven cases sight was restored and the patients were certified to be no longer blind within the meaning of the Blind Persons Act. In the twelfth case the vision was much improved but it was not possible to remove the patient from the category of a blind person.

In addition to the above, the following assistance is given under the Council's scheme for the prevention of blindness :—

1. A register is kept of all persons certified by the ophthalmic surgeon to be *not* blind, and they are visited periodically by the Home Teachers. Complaints of further deterioration of eyesight and accompanying physical discomfort are investigated, the medical attendant being consulted, and the necessary steps are taken to ensure that treatment is provided.
2. The authorities at the Newcastle Hospitals have been asked to co-operate with the County Medical Officer and to send to him information regarding patients who are in danger of becoming blind if left untreated. These patients are visited regularly by the Home Teachers to ensure that treatment is being carried out and that they attend the Hospital when required.



3. Free travelling vouchers are issued to patients in necessitous circumstances to enable them to attend the Eye Department of the Royal Victoria Infirmary and the Newcastle upon Tyne Eye Hospital for treatment, if recommended by the medical attendant or the Medical Officer of the Hospital.
4. Spectacles to the prescription of an ophthalmic surgeon are provided free of charge or at a special rate, according to the circumstances of the patient; these spectacles are supplied through the Council's opticians by special arrangement.
5. Insulin is provided free of charge to patients who are suffering from diabetes and are in necessitous circumstances, if recommended by the medical attendant.
6. A fee of one guinea is paid to the operating surgeons of the Royal Victoria Infirmary and the Newcastle upon Tyne Eye Hospital for certificates giving the result of treatment in the case of patients dealt with in the ordinary wards for diseases of the eye.
7. Arrangements are made for the examination and treatment of children under five years of age by the County Oculist, the necessary treatment being carried out at the expense of the Maternity and Child Welfare Committee; cases of strabismus receive particular attention.
8. Hospital treatment is available for all children suffering from ophthalmia neonatorum. Infected mothers are offered hospital treatment under the Council's Venereal Diseases scheme, and in the case of further pregnancy arrangements are made for their delivery in a Maternity Hospital.
9. Free travelling vouchers are issued to all patients to enable them to attend the Skin Clinic in Newcastle for a Wassermann test or treatment, when this is recommended by the ophthalmic surgeon or the medical attendant.
10. Hospital treatment is available for patients suffering from conditions which may lead to blindness, *e.g.*, pernicious anæmia, cerebral tumour, etc.
11. The Medical Officer has authority and uses his discretion in bringing to the notice of his Committee any case which does not come under any of the above categories, but for which he thinks some provision should be made.

It is found from experience that a copy of any report by the examining oculist is appreciated by the patient's medical attendant.

The Blind Persons Act Committee do not regard the Prevention of Blindness scheme as being complete, and they are ever ready to consider proposals which are likely to be effective in this most important branch of the work. The County Medical Officer has been instructed to explore the position further, particularly with regard to the indiscriminate purchase of spectacles from pedlars and multiple stores. A considerable amount of propaganda work on this subject has already been undertaken in conjunction with the Northern Counties Association for the Blind. It is suggested that the services of the School Oculist who is also one of the surgeons at the Newcastle upon Tyne Eye Hospital) should be available at various centres in the County, where he could be consulted by poor persons suffering from presbyopia and pathological eye conditions. The County Medical Officer has arranged to meet the opticians of the County in conference on this subject.

### *Social Welfare.*

Five Voluntary Societies at Ashington, Bedlington, Blyth, Cramlington and Morpeth cater for the social welfare of the blind in those areas, organising concerts and musical evenings in the winter, and picnics and other outings during the summer. There are indications that a Voluntary Society may shortly be established at Wallsend, where there are 74 blind persons.

The County Council approved a grant of £100 for social welfare purposes, and a further sum of £100 was received from the National Institute for the Blind; for the year 1936 it was therefore possible to allocate 8s. 6d. in respect of each blind person on the Register. Where Voluntary Societies exist, a grant was made to the Committee according to the number of blind persons in the area; all other blind persons received the amount in cash as a Christmas gift.

In November, 1936, a notification was received to the effect that the grant of £100 from the National Institute for the Blind would be discontinued, and that in future the Northumberland Blind Persons Trust Fund would receive one-fourth of the total amount collected in the area after £50 had been deducted in respect of the Tyneside Recreation Club for the Blind. The new Workshops for the Blind, the Royal Victoria School for the Blind, and the Newcastle and Gateshead Home Teaching Society for the Blind would also receive a similar share.

### *Library for the Blind.*

Books are supplied to blind people in the County by the National Library for the Blind, Manchester. During the year 49 readers borrowed 1,202 volumes; Compared with 1935, the number of books borrowed has decreased by 242, and the number of readers by 5.

### *Medical Examination of Candidates for Admission to Schools for the Blind for Education and Vocational Training.*

It is evident from experience gained over a number of years that a systematic examination of all candidates for admission to schools and workshops is very desirable, and ought to be conducted by one of the Council's own Medical Officers.

Before a candidate can be admitted to the school, the governing authorities require certain information about his or her health, and supply a form to be completed by a medical practitioner. The form is drafted with a view to obtaining nothing more than the applicant's previous clinical history, and the likelihood or otherwise of the boy or girl in question being able to attend the school and profit by the instruction given. It is sometimes very perfunctorily filled in, and occasionally it is obvious that the sympathies of the examiner have led him to interpret the questions asked in a very liberal sense. It is at this stage of the individual's career that a complete and independent medical examination is desirable. A blind boy or girl may enter the school simply in compliance with the requirements of the Education Acts; possibly the question of the child's future has not even been considered and the child may be received into the school and pass therefrom to the vocational training side of the establishment, completing the whole of an expensive course, and may be discovered to be neither physically nor temperamentally capable of ever becoming an efficient wage earner in the Workshops, the Committee of which have decided—and I think have rightly decided—that only men and women of sound health and proved capacity should be admitted.

Quite a number of cases have come to the notice of the Department where, upon examination, it was evident that they should not have proceeded beyond the probationary stage. If a stringent medical examination had been conducted, a considerable amount of money would have been saved, and ultimate disappointment to the trainee prevented.

